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Biliary Complications After Single And Dual-graft Living Donor Liver Transplantation Using Right Posterior Section Graft Of Donor With Type III Portal Vein Variation

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Background : We demonstrated that when the donor's left lobe is less than 30%, the donor selection of right posterior section graft (RPSG) is decided on type III portal vein (PV) anatomical variation. Herein, we validated the selection of donor with type III PV variation for RPSG to prevent biliary complications (BC) after single-graft (SG) and dual-graft (DG) living donor liver transplantation (LDLT).

Methods : The clinical data of recipients and donors with type III PV for LDLT using RPSG from January 2004 to June 2018 were retrospectively collected and analyzed according to the occurrence of BC.

Results : A total of 26 LDLT cases using RPSG, including 20 of DG LDLT cases, was performed and accounted for 0.6% of all LDLT cases (n = 4,292). BC developed in 6 (23.0%) recipients with 4 (15.3%) of biliary stricture and 2 (7.6%) of bile leakage. There were no vascular complications. The RPSG volume of recipients with BC was significantly smaller than that of recipients without BC (400.8 \pm 79.9 ml vs. 504.1 \pm 96.5 ml, p = 0.015). All RPSG had a single orifice of the bile duct. The bile duct size of RPSG in recipients with BC was relatively small compared to recipients without BC (2.8 \pm 1.0 mm vs. 3.6 \pm 1.4 mm, p = 0.237).

Conclusions : When the left liver volume is disproportionately small, selection of donor with type III PV variation is feasible to prevent the BC after SG and DG LDLT using RPSG.

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