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The Novel Surgical Technique For Living Donor Liver Transplantation In Patient With Diffuse Portomesenteric Thrombosis Using Gastroepiploic Vein For Restoration Of Portal Inflow

Deok-Bog MOON*¹, Sang Hoon KIM¹, Woo-Hyoung KANG¹, Sung-Gyu LEE¹

¹*Division Of Liver Transplantation And Hepatobiliary Surgery, Department Of Surgery, Asan Medical Center, University Of Ulsan College Of Medicine, REPUBLIC OF KOREA*

Background : For restoration of portal inflow in patients with diffuse portomesenteric thrombosis, the cavoportal hemitransposition (CPHT) is a proposed surgical technique in deceased donor liver transplantation (DDLT) but rarely indicated in living donor liver transplantation (LDLT), which requires splanchno-portal inflow for partial graft regeneration. In addition, the use of large pericholedochal varix is another applicable method to restore portal flow in patient with total obliteration of splanchnic veins. In the presence of a large engorged gastroepiploic vein (GEV) without available collaterals for portal inflow, venous jump graft using cadaveric IVC from GEV could be valid surgical technique for portal anastomosis. This is the first case report of a successful restoration of portal inflow from GEV in the world.

Methods : A 52-year-old male patient with cirrhosis due to hepatitis B underwent LDLT from his nephew due to recurrence rupture of esophageal varices and increased ascites. In pre-operative computed tomography, total portomesenteric thrombosis and dilated GEV 10mm without large splenorenal shunt were identified. Portal anastomosis was established by using cadaveric IVC interposition from GEV.

Results : Post operative doppler ultrasound showed normal portal flow and good graft perfusion in CT at post operative day 7. The patient was discharged without complications on postoperative day 27, and at one year follow-up, the patient had normal hepatic vascularization

Conclusions : Portal reconstruction using cadaveric IVC interposition from engorged GEV could be applied selectively in patient with extensive portomesenteric thrombosis in LDLT.

Corresponding Author : **Deok-Bog MOON** (mdb1naver.com)