

**EP039****Hepatic resection for hepaticolithiasis: A single-centre experience of 8 cases****Prasad PANDE¹**, Gunjan DESAI², Prasad WAGLE³¹*Surgical Gastroenterology, MGM New Bombay Hospital, Vashi, Navi Mumbai, India*²*Surgical Gastroenterology, MGM New Bombay Hospital, Vashi, Navi Mumbai, India*³*Surgical Gastroenterology, Lilavati Hospital & Research Centre, Mumbai, India*

Introduction : Hepaticolithiasis is frequently not amenable to endotherapy, and surgery forms the mainstay of treatment. This study highlights the outcomes of major liver resection for this benign pathology.

Methods : Our tertiary hepatobiliary centre performed 8 liver resections for hepaticolithiasis between January 2010 and December 2019. Demographic data, clinicoradiological data, surgical details, and outcomes were recorded.

Results : Out of 8 patients, 6 were females. Median age was 54 years. 6 patients underwent left hepatectomy, and 1 each underwent right hepatectomy and right trisectionectomy. Trisectionectomy was done after liver volumetry showed a future liver remnant volume of 48% with right posterior section atrophy. Mean intra-operative blood loss was 226mL, median hospital stay was 11.2 days. 1 patient had Clavien-Dindo grade 3 complication in the form of intra-abdominal collection requiring percutaneous drain placement. 6 patients had significant elevation of transaminases that resolved by a median duration of 8 days. No patient had post-hepatectomy liver failure. None of the patients developed recurrent hepaticolithiasis or biliary stricture, with follow up duration of 11-64 months.

Conclusions : Major hepatic resection is a safe and recommended procedure for hepaticolithiasis, especially in presence of hepatic lobar atrophy. It carries acceptable morbidity and good outcomes when performed by an experienced hepatobiliary surgical team. A tertiary care centre with good imaging and liver volumetry facilities is best suited for this line of management.

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