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## Portal vein wedge resection and patch venoplasty using autologous and homologous vein grafts during surgery for hepatobiliary malignancies

Shin HWANG

Department of Surgery, Asan Medical Center, University of Ulsan College of Medicine, Korea

**Introduction** : Obtainment of tumor-free resection margins is one of the most important factors for favorable prognosis of patients undergoing resection for hepatobiliary malignancies.

**Methods** : In this study, we present our experience of portal vein (PV) wedge resection and patch venoplasty using autologous or homologous vessel grafts used in resection for perihilar cholangiocarcinoma, hepatocellular carcinoma and distal bile duct cancer.

**Results** : Case 1: A 68-year-old male patient with type IV perihilar cholangiocarcinoma underwent central bisectionectomy with caudate lobectomy and bile duct resection, and PV wedge resection and patch venoplasty with a cryopreserved iliac vein allograft patch. This patient survived 14 months after surgery. Case 2: A 77-year-old male patient with type IIIA perihilar cholangiocarcinoma underwent left medial sectionectomy with caudate lobectomy and bile duct resection, and PV wedge resection and patch venoplasty with a cryopreserved iliac vein allograft patch. This patient survived 16 months after surgery. Case 3: A 54-year-old male patient with hepatitis B virus-associated liver cirrhosis and hepatocellular carcinoma with portal vein tumor thrombus underwent left hepatectomy. The PV wall defect was repaired with an autologous greater saphenous vein patch. This patient survived 11 months after surgery. Case 4: A 65-year-old female patient with distal bile duct cancer underwent pylorus-preserving pancreaticoduodenectomy and main PV wedge resection and patch venoplasty with a cryopreserved iliac artery allograft patch. This patient survived 21 months after surgery.

**Conclusions** : In conclusion, PV wedge resection and patch venoplasty provide a useful option to facilitate complete tumor resection in patients undergoing various extents of surgical resection for hepatobiliary malignancies.

Corresponding Author. : Shin HWANG ( shwang@amc.seoul.kr )