

**EP070****Dextroplantation of a reduced left lateral section graft in an infant undergoing living donor liver transplantation**

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Introduction : Graft size matching is essential for successful liver transplantation in infant recipients.

Methods : We present our technique of graft dextroplantation used in an infant who underwent living donor liver transplantation (LDLT) using a reduced left lateral section (LLS) graft.

Results : The patient was an 11-month-old 7.8 Kg-weighting female infant with hepatoblastoma. She was partially responsive to systemic chemotherapy, thus LDLT was performed to treat the tumor. The living donor was a 34-year-old mother of the patient. After non-anatomical size reduction, the weight of the reduced LLS graft was 235 g, which was 3.0% of the graft-recipient weight ratio. Recipient hepatectomy was performed according to the standard procedures of pediatric LDLT. At the beginning of graft implantation, the graft was temporarily placed at the abdomen to determine the implantation location. The graft portal vein was anastomosed with an interposed external iliac vein homograft. As the liver graft was not too large and it was partially accommodated in the right subphrenic fossa, the abdominal wall wound was primarily closed. The patient recovered uneventfully. An imaging study revealed deep accommodation of the graft within the right subphrenic fossa. The patient has been doing well for 3 months without any vascular complications.

Conclusions : Dextroplantation of a reduced LLS graft can be a useful technical option for LDLT in infant patients.

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