

## E37

### Caudate lobectomy; Which approaches do the best of my patients?

**Dawn JUNG<sup>1</sup>**, Dai Hoon HAN<sup>1</sup>, Gi Hong CHOI<sup>\*1</sup>, Jin Sub CHOI<sup>1</sup>

<sup>1</sup>Department of Hepatobiliary and Pancreatic Surgery, Yonsei University College of Medicine, Republic of Korea

**Background** : Resection of Caudate lobe of the liver is considered technically difficult procedure in liver surgery because of its anatomical deep location and anatomical complexity. There are several ways to resect the caudate lobe of the liver. Among them, we introduce two cases of caudate lobectomy by Robotic Left-side approach , and one case of caudate lobectomy by transhepatic anterior approach

**Methods** : The first case was 56-year-old male patient with hypertension and Hepatitis B carrier. He was diagnosed approximately 2.5 cm HCC on caudate lobe. First of all, total 5 trocars were inserted. After exposing the caudate lobe by traction of the liver, the portal vein and IVC branch were ligated, and then caudate lobectomy was performed. The second case was 75-year-old male patient with hypertension and Hepatitis B carrier. He previously underwent right anterior sectionectomy due to HCC. He recurred HCC on caudate lobe and tumor size was 0.8cm. surgical procedure was performed in the same manner as in the previous case. The third case was 57-year-old male patient with hepatitis B carrier. He was dignosed approximately 2.5 cm HCC on caudate lobe and tumor was abutted on mid hepatic vein and right hepatic vein. We access the caudate lobe by separating the liver parenchyma along the interlobar plane. And the safety and radicality of the procedure was evaluated.

**Results** : All of patients had no complications after surgery and were discharged without any specific findings. The first case recurred 3 months after surgery.

**Conclusions** : Although caudate lobectomy is a technically difficult procedure, it can be safely performed through several approaches mentioned above.

Corresponding Author : **Gi Hong CHOI** (choigh@yuhs.ac)