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Laparoscopic liver resection for bilobar multiple metachronous liver metastases in patient with rectal cancer

Seung Jae LEE, In Seok CHOI*, Ju Ik MOON, Hee Jin YEON

Department of General Surgery, College of Medicine, Konyang University Hospital, Daejeon, Korea

Introduction: Laparoscopic liver resection (LLR) of multiple colorectal liver metastases (CRLM) is challenging but has become more practical recently due to progression in operative technique. We aimed to present laparoscopic detection of multiple CRLM using intraoperative ultrasonography (IOUSG) and LLR for scattered CRLM.

Methods: A 65-year-old male was admitted with multiple liver metastases during follow-up for mid-rectal cancer. The patient had already undergone laparoscopic lower anterior resection 6 months ago and had completed the sixth adjuvant chemotherapy with capecitabine. Magnetic resonance imaging presented metastatic tumor about 5 cm in size in segment 6 of liver and multiple small metastases in segment 3, 4, 5, 7, and 8 of liver. The surgery was performed in supine position and five trocars were inserted. After detection of tumors using IOUSG to mark the site of the tumors, we performed bisegmentectomy about tumors of segment 5 and 6, and 3 tumorectomy of liver about tumors of segment 3, 4, and 7 + 8. Immediately after surgery, all specimens were cut to check whether the tumors were included and whether the resection margin was sufficient.

Results: The operative time was 350 minutes and estimated blood loss was 80 mL. Pringle maneuver was performed 5 times in 15 minutes. All tumor resection margin were grossly confirmed as negative. There were no immediate postoperative complications. The patient was discharged on the day 7 of postoperative hospital stay.

Conclusions: LLR is safe and feasible technique even for bilobar multiple CRLM.

Corresponding Author: In Seok CHOI (choiins@kyuh.ac.kr)

Presenter: Hee Jin YEON (pt00119@kyuh.ac.kr)

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