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**LV OP 3-6****Short term result of parenchymal sparing anatomical liver resection based on portal ramification of the right anterior section: a single center experience.**

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**Introduction** : Anatomical liver resection is the treatment of choice for hepatocellular carcinoma (HCC). However, the remnant liver volume is equally important in patient selection for operation. Recent appreciation of the liver segmentation divided the right anterior section (RAS) into segment 5-segment 8 or ventral-dorsal segment. Thus, we aim to evaluate the short term results of parenchymal sparing liver resection based on portal ramification of the right anterior section

**Methods** : From July 1 to December 30, 2018, 12 patients with HCC underwent parenchymal sparing right hepatectomy. The portal ramification of RAS were analyzed using the Multidetector Computed Tomography scan. The procedures were performed by 4 liver surgeons.

**Results** : Among 12 patients, there were 10 men and 2 women. The mean age was  $60.6 \pm 6.9$  years. The right hepatectomy with segment 8 parenchymal sparing was performed in 1 patient with cranio-caudal type of the RAS. In 11 patients with ventro-dorsal type, we performed 10 ventral-segment preserving right hemihepatectomy and 1 dorsal preserving mesohepatectomy. The mean operative time was  $262.5 \pm 40.1$  minutes with a mean estimated blood loss of  $404.2 \pm 362.4$  ml. One liver failure was reported (Clavien-Dindo classification, grade 2). The mean length of hospital stay was  $10.9 \pm 3.9$  days. There was no reported 30 days mortality.

**Conclusions** : The pre-operative evaluation of RAS's anatomy is very important to decide the method of parenchymal sparing liver resection. This procedure is technically safe and feasible.