

P034**Surgical strategies of huge hepatocellular carcinoma with main portal vein thrombosis; a case report.****Cheon Soo PARK***SURGERY, Eunpyeong St. Mary's Hospital, College of Medicine, The Catholic University, Korea*

Introduction : Huge hepatocellular carcinoma (HHCC) is commonly considered tumor diameter over 10cm. The prognosis of HHCC or HCC with PVTT was poor, many investigator performed non-surgical treatment. But some study reported that aggressive operation for HHCC with PVTT brought good results and prognosis compared to non-surgical interventions.

Methods : 46 years old, HBV carrier man was referred to our hospital for hepatic mass. In laboratory test, platelet counts: 80,000, PT: 1.17 INR, total bilirubin: 1.61mg/dl, GOT/GPT: 32/12, Cr: 0.49, albumin: 3.9g/dl, AFP: 76,430, PIVKA-II: 1478.78. In radiologic examinations, HHCC (11cm) abutting middle hepatic vein (HV) was located in right hepatic lobe and combined with PVTT from right PV to main PV

Results : We performed right hepatectomy and PV thrombectomy. Surgical procedures were summarized as follows; (1) cholecystectomy; (2) right, left and main PV and right hepatic artery (HA) were respectively isolated and hung with vessel loops after hepatic hilar dissection; (3) left and main PV were clamped by vascular clamps for protection thrombosed propagation; (4) right PV was transversely opened, and then PV thrombectomy was performed; (5) right PV and HA was ligated; (6) right liver was mobilized and right HV was isolated and ligated; (7) after blocking off hepatic inflow and outflow, right hepatectomy was performed by CUSA system.

Conclusions : In conclusion, surgical strategies of HHCC with main PVTT is that we initially perform PV thrombectomy while preserving hepatic side PV is clamping, and then ligate removed side HA, PV and HV for protection of tumor propagation during hepatic manipulation and resection.

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