P051

Living donor liver transplantation using right lobe graft from a donor with the left-sided gallbladder anomaly

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Introduction : The occurrence of left-sided gallbladder in the absence of situs inversus is a rare congenital anomaly. It is characterized by a complex liver structural abnormalities. We, herein, describe the inclusion criteria for liver donation of the potential donors with left-side gallbladder anomaly and technical modifications in performing donor hepatectomy.

Methods :
case:A 34-year-old blood-type AB Rh+ son donated right lobe (1.27% graft volume to recipient weight ratio; GRWR) to his mother (blood type B Rh+) with B-viral hepatitis and hepatocellular carcinoma.

Results : The liver with left-sided GB anomaly should meet the following criteria for successful liver donation. First, the portal vein must be a bifurcation type. It must be a bifurcation type rather than a trifurcation type.Second, the P2 and P3 must have a common trunk. This is crucial for the remnant left lobe to retain normal portal inflow after right lobe donation. Third, the volumetry of the right and left lobe should meet the usual donation criteria. That is, the GRWR of the right lobe, greater than or equal to 0.8, and remnant left liver volume over 35% of original donor liver.

Conclusions : we have shown that it is technically feasible to retrieve the right lobe liver grafts from living donor without complication. Although, the donor with this anomaly must meet above mentioned criteria for successful LDLT, and they must be meticulously evaluated in prior to the operation.

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