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Dextroplantation of left liver graft in infants

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Introduction : The position of the left side liver graft is important which could lead complications of the hepatic vein (HV) and portal vein (PV) especially in small children using variants of left lateral section (vLLS) graft. The purpose of this study was to evaluate the outcome of novel technique of implantation to the right side (dextroplantation) of vLLS in infants.

Methods : From 2015 to 2016, 8 consecutive infants underwent dextroplantation using a vLLS graft (Group D). The graft was implanted to right side of the recipient after 90 degree counter clockwise rotation; graft left HV was anastomosed to IVC using the extended right and middle HV stump, and PV was reconstructed using oblique anastomosis without angulation. Venous complications were compared to historical control group (n=17, Group C) who underwent conventional LT using a vLLS during infancy.

Results : Group D recipients were smaller than Group C (age: 5.9 vs. 6.9 months and body weight: 6.1 vs. 7.3 kg) ($P < 0.05$). A split LT was performed in 6 recipients (75.0%) in Group D and in 7 recipients (41.2%) in Group C. In Groups D, there was no HV complication and one PV complication (12.5%). There were one HV complication (5.9%) and one PV complication (6.3%) in Group C ($P > 0.05$).

Conclusions : Dextroplantation of vLLS graft was eligible in small recipients. Venous complications were comparable to conventional vLLS transplantation in infants. The long-term outcome should be validate.

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