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Right anterior section graft for living-donor liver transplantation

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Introduction: In living-donor liver transplantation, the right lobe graft is commonly utilized to prevent small-for-size syndrome, despite the considerable donor morbidity. Conversely, the feasibility of the left lobe graft and the right posterior section graft in smaller-sized recipients is now commonly employed with comparable outcomes to right lobe grafts. The efficacy of the right anterior section graft has rarely been reported.

Methods: Here, we describe a 56-year-old man, with alcoholic liver cirrhosis, who successfully underwent living-donor liver transplantation using the right anterior section graft.

Results: Preoperatively, the right lobe of the donor occupied 76.2% of the total liver volume exposing the donor to a small residual liver volume. The right posterior section and left lobe volumes were insufficient, providing a graft-to-recipient weight ratio of 0.42% and 0.38%, respectively. However, the right anterior section could fulfill an acceptable GRWR of 0.83%. Clinical signs and symptoms and liver function improved following anterior section graft transplantation without complications.

Conclusions: The procurement of anterior section graft is technically feasible in selected patients, especially in high-volume liver centers.

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