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Right trisectionectomy and bile duct resection in a case of aberrant a2+3 running the right side of left portal vein

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Introduction : Arterial supply to the left lateral segment of the liver runs left side of the umbilical portion of left portal vein (up-LPV) almost invariably. So, the arteries to segment 2 and 3 (a2 and a3 or a2+3) would not be in danger during right hepatic trisectionectomy. Recently, the authors experienced 2 cases of aberrant a2+3 running along the right side of up-LPV during right trisectionectomy. So we'd like to share our experience of this rare variation via video.

Methods : A 68-year-old lady underwent laparoscopic cholecystectomy for acute cholecystitis on June 2017. T2 Nx gallbladder (GB) cancer was identified on histologic examination. She underwent GB bed liver resection including cystic plate resection and regional lymphadenectomy 2 months later. On pathologic examination, there was one lymph node metastasis among 7 nodes harvested. Liver specimen was free of cancer. 12 months after the extended cholecystectomy, 1 cm sized nodular lesion developed in segment 4/8 and seemed to invade right anterior hepatic duct and compress right anterior portal vein. Following embolization of right and left medial portal veins, right hepatic trisectionectomy and bide duct resection was performed.

Results : A2+3 running along the right side of up-LPV was suspected preoperatively and identified intraoperatively and secured. The operation took 450 minutes. Intraoperative blood loss was 200 g. The patient recovered uneventfully and was discharged 14 days after the operation.

Conclusions : When planning right hepatic trisectionectomy, aberrant a2+3 running along the right side of LPV should be seek not only to reduce operating time but also to avoid injury.

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