Cirugía y Cirujanos. 2015; 83(1): 51-55

CIRUGÍA y CIRUJANOS
Órgano de difusión científica de la Academia Mexicana de Cirugía
Fundada en 1933
www.amc.org.mx www.elsevier.es/circir

CLINICAL CASE

Hepatocellular carcinoma originated in the caudate lobe. Surgical strategy for resection. A propos of a case☆

Gustavo Martínez-Mier[a,*], Sergio Esquivel-Torres[a], José Francisco Calzada-Grijalva[b] and Peter Grube-Pagola[c]

[a] *Departamento de Cirugía, Instituto Mexicano del Seguro Social Unidad Médica de Alta Especialidad 189 Adolfo Ruiz Cortines, Veracruz, México*

[b] *Departamento de Anestesia, Instituto Mexicano del Seguro Social Unidad Médica de Alta Especialidad 189 Adolfo Ruiz Cortines, Veracruz, México*

[c] *Departamento de Patología, Instituto Mexicano del Seguro Social Unidad Médica de Alta Especialidad 189 Adolfo Ruiz Cortines, Veracruz, México*

Received 21 June 2013; accepted 31 January 2014

KEYWORDS
Liver;
Caudate lobe;
Resection;
Hepatocellular carcinoma

Abstract
Background: Hepatocellular carcinoma originating from the caudate lobe has a worse prognosis than other hepatocellular carcinomas in another segment of the liver. An isolated caudate lobe resection of the liver represents a significant technical challenge. Caudate lobe resection can be performed along with a lobectomy, or as an isolated liver resection. There are very few reports about isolated caudate lobe liver resection. The case is reported here of a successful isolated resection of hepatocellular carcinoma in the caudate lobe with excellent long-term survival.
Clinical case: A 74 year-old female with 8 cm mass lesion in the caudate lobe with no clinical or biochemical evidence of liver cirrhosis (serum alpha-foetoprotein 3.7 U/l, and negative hepatitis serology), was evaluated for surgery. A complete resection of the lesion in 270 minutes, with Pringle manoeuvre for 13 minutes, was satisfactorily performed. The patient was discharged ten days after surgery without complications, and is currently asymptomatic, with no deterioration of liver function and 48 months tumour-free survival after the procedure.
Conclusion: Isolated caudate lobe resection is an uncommon, but technically possible procedure. In order to achieve a successful resection, detailed knowledge of complete liver anatomy is essential. Tumour free margins must be obtained to provide long survival for these patients that have a malignancy in this anatomic location.

© 2015 Academia Mexicana de Cirugía A.C. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

☆Please cite this article as: G. Martínez-Mier et al. Hepatocarcinoma originado en el lóbulo caudado. Estrategia quirúrgica para su resección. A propósito de un caso. Cirugía y Cirujanos. 2015; 83: 51-55.

*Corresponding author: Corporativo San Gabriel, Alacio Pérez, 928, consultorios 313 y 314, Col.: Fraccionamiento Zaragoza. C.P. 91910 Veracruz, México. Teléfono: +52 (229) 9327782.
E-mail address: martinez.gustavo@transplantver.com.mx; gmtzmier@hotmail.com (G. Martínez Mier).

2444-0507 /© 2015 Academia Mexicana de Cirugía A.C. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

PALABRAS CLAVE
Hígado;
Lóbulo caudado;
Resección;
Hepatocarcinoma

Hepatocarcinoma originado en el lóbulo caudado. Estrategia quirúrgica para su resección. A propósito de un caso

Resumen
Antecedentes: El hepatocarcinoma originado en el lóbulo caudado tiene un peor pronóstico que otros originados en otros sitios del hígado. La resección aislada del lóbulo caudado hepático representa un reto técnico importante y puede ser realizada junto con una lobectomía hepática o una resección aislada del mismo. De esta última existen muy pocos reportes al respecto. Presentamos el caso de una resección aislada exitosa de hepatocarcinoma en el lóbulo caudado con sobrevida a largo plazo.
Caso clínico: Mujer de 74 años, con lesión ocupante de 8 cm en el lóbulo caudado, sin datos clínicos o bioquímicos de cirrosis hepática, alfafetoproteína sérica 3.7 U/l, y serologías de hepatitis negativas. Resección completa de la lesión en 270 min con maniobra de Pringle por 13 min, evolución satisfactoria, y alta al décimo día posquirúrgico. Asintomática, sin deterioro de la función hepática y sobrevida sin actividad tumoral 48 meses después del procedimiento.
Conclusión: La resección aislada del lóbulo caudado es un procedimiento infrecuente y técnicamente posible. Para realizarse de forma exitosa, se debe de tener un conocimiento detallado de la anatomía hepática completa y en especial de este lóbulo. Se deben obtener márgenes negativos tumorales para otorgar la mayor sobrevida a los pacientes que tienen una neoplasia en esta localización anatómica.

© 2015 Academia Mexicana de Cirugía A.C. Publicado por Masson Doyma México S.A. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Background

The caudate lobe (Couinaud segments I and IX) is located anterior to the inferior vena cava and can surround this structure in a circumferential pattern by means of the *ligamentum venosum* and the dorsal ligament. It stretches from the hepatic hilum, which is directly posterior to the bifurcation of the portal vein. In its cephalic aspect, the caudate lobe lies posterior to the conjunction of the middle and left hepatic veins, right when they drain into the inferior vena cava. The caudate lobe receives portal blood flow from both portal systems, but the greatest flow comes from the left side. Its venous drainage occurs along its posterior aspect, directly into the inferior vena cava, through multiple small branches of variable size and location. Biliary drainage includes small tributaries to the right hepatic duct, but it drains predominantly through the left hepatic duct. Arterial blood supply to the caudate lobe varies, although it mainly comes from a solitary branch from the left hepatic artery and a small posterior branch from the right sector (Fig. 1)[1].

Hepatocarcinomas originating in the caudate lobe have a worse prognosis than those originating in other lobes, due to its proximity to the portal system and to the inferior vena cava, which facilitates early intrahepatic and systemic dissemination[2,3]. Although some surgeons have had success with transarterial embolization or local ablation performed using different methods[4,5], hepatic resection is still the best surgical treatment. Resection of the caudate lobe poses a significant technical challenge. Resection of the caudate lobe can be performed as an extension of a hepatic lobectomy or as an isolated resection. From a surgical standpoint, this last option is probably the most demanding, and there are very few reports in this regard[6-10].

Surgical approach for an isolated resection of the caudate lobe can be through a bilateral subcostal incision, or a midline incision if the patient had a previous surgery. Peritoneal metastases should always be ruled out and the entire liver should be examined through an intraoperative ultrasonography. A cholecystectomy may be performed, depending on the findings or in case of a pathology. Once it has been determined that an isolated caudate lobe resection must be performed, the gastrohepatic ligament must be opened and the *ligamentum venosum* must be dissected at the root of the left hepatic vein, which is facilitated by the anterior retraction of the left lateral segment of the liver. Some authors recommend a complete liver mobilisation prior to this step to have greater vascular control over the inferior vena cava in case of severe haemorrhage or if a reconstruction of it must be carried out[1,8,9]. The dorsal ligament is then dissected to fully mobilise the caudate lobe and expose the hepatic veins that run directly from it to the anterior surface of the inferior vena cava, for subsequent ligation. There

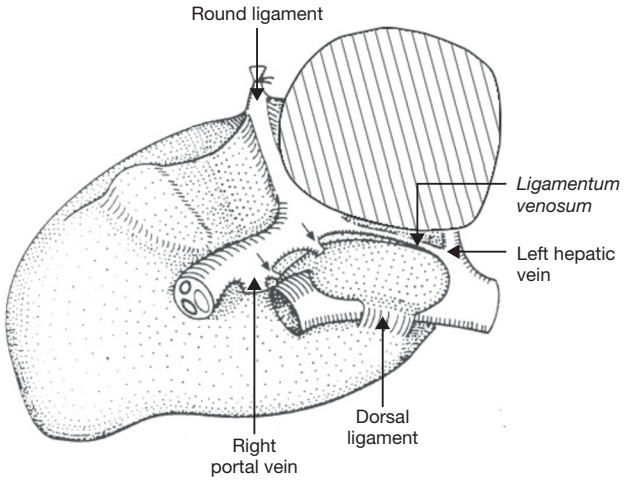

Fig. 1 View of the caudate lobe from the left side.

Download English Version:

https://daneshyari.com/en/article/4283466

Download Persian Version:

https://daneshyari.com/article/4283466

Daneshyari.com