Laparoscopic Right Hepatectomy for Colorectal Liver Metastases After Initial Management with Percutaneous Liver Ablation

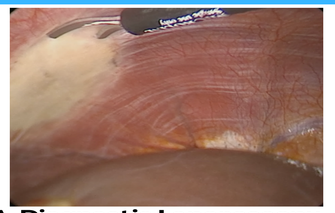
Sara A. Alkhaja, MD ; Rashed Rowaiee, MD ; Yasir Akmal, MD ; Essa M. Aleassa, MD.
Section of Hepato-Pancreato-Biliary Surgery, Digestive Diseases Institute, Cleveland Clinic Abu Dhabi; Abu Dhabi, United Arab Emirates.

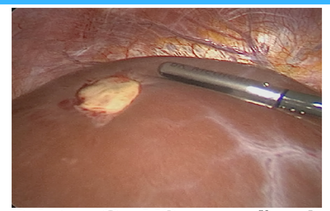
INTRODUCTION

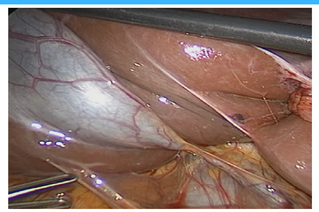
- Colorectal liver metastasis (CRLM) continues to be a challenging problem in the management of colorectal cancer.
- Patients with CRLM have an ongoing risk of disease recurrence regardless of the initial management.
- The ability to manage the recurrence of CRLM has been shown to influence survival outcome.
- We demonstrate an example of a laparoscopic right hepatectomy with a wedge resection of a caudate lobe metastasis performed for management of CRLM.

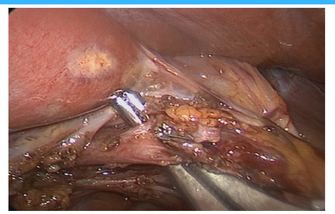
PATIENT AND METHODS

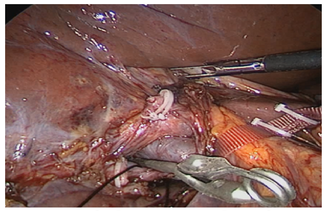
- A case of a 39-year-old female with CRLM status post percutaneous liver ablation.
- Initial history: Laparoscopic left colectomy with primary anastomosis for a T3N1M1 colonic mass.
- Thereafter, patient developed bilobar metachronous liver lesions that partially responded to adjuvant chemotherapy and percutaneous liver ablation.
- The patient was noted to have persistence of CRLM on surveillance cross sectional imaging.
- The multidisciplinary tumor board meeting consensus was to proceed with surgical resection of the liver lesion.

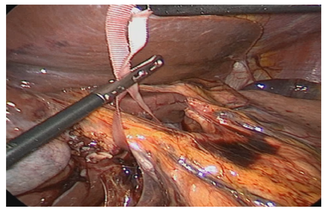

A. Diagnostic Laparoscopy – Peritoneal Biopsy

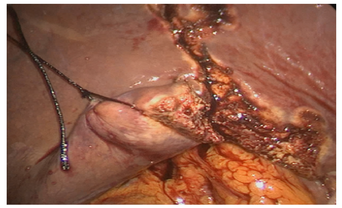

B. IntraOp US - Localized Liver Lesions

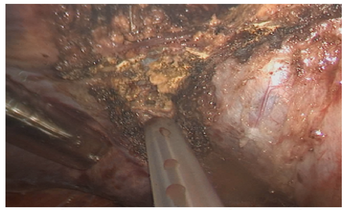

C. Cholecystectomy Done

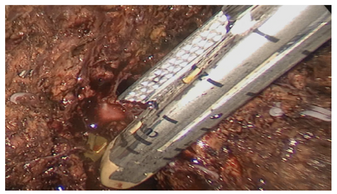

D. Right Hepatic Artery Identified

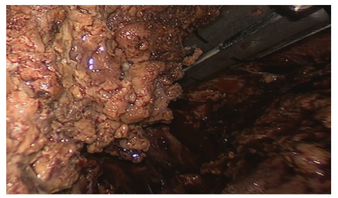

E. Right Portal Vein Dissected And Clamped

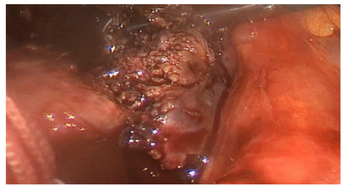

F. Intracorporeal Pringle Maneuver Set

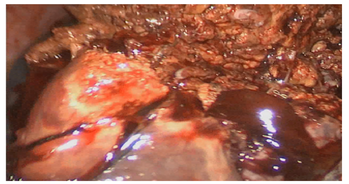

G. Liver Dissected And Marked


H. Liver Transection With Cusa


I. Right Portal Vein And Bile Duct Divided


J. Hepatic Vein Division


K. Wedge Resection Of The Caudate


L. Liver Specimen Removed From Pfannenstiel

CONCLUSION

- Multifocal, complex liver metastases can be managed with a minimally invasive approach.
- Minimally invasive approach is safe and allows for faster recovery after major hepatic surgery.
- Patients managed with minimally invasive approach may resume systemic therapy in an expedited manner.