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THERAPEUTIC PLASMA EXCHANGE FOR A PATIENT WITH POSTHEPATECTOMY LIVER FAILURE, RECEIVING LEFT TRISECTIONECTOMY WITH SACRIFICING ALL MAJOR HEPATIC VEINS: A CASE REPORT

H. Ha¹, J. H. Park¹, H. J. Lee¹ and J. M. Chun²

¹Daegu Fatima Hospital, Surgery, Daegu, Korea, Republic of, and ²Daegu Fatima hospital, Surgery, Daegu, Korea, Republic of

Hepatectomy is main treatment for primary hepatic tumor. However, posthepatectomy liver failure (PHLF) is very severe complication that can occur after major liver resection. Management of PHLF still remains a challenge and no supportive treatment has been found to be generally effective. Some studies reported therapeutic plasma exchange (TPE) can be useful salvage procedure for a patient with hepatic insufficiency. Herein, we report a case of 72 year old male patient with huge hepatocellular carcinoma (HCC) who was recovered by salvage TPE.

His preoperative computed tomography showed a maximum of about 7 cm of heterogenous mass was seen over Segment #4/8, and arterial enhancing and delayed washout was observed. The mass was invading middle hepatic vein and abutting right anterior portal vein and left portal vein. The mass was also very closely attached to the right hepatic vein. Fortunately, he had a very large inferior right hepatic vein (IRHV) and middle hepatic vein (MRHV) for right posterior section. Thus, we performed left trisectionectomy with sacrificing all major hepatic veins and preserving MRHV and IRHV.

No noticeable surgical complications occurred after the operation, but serum total bilirubin level increased gradually and reached 16 mg/dl at 2 weeks after the operation. Thus we decided to start salvage TPE. TPE was performed three times per week for 2 weeks. His serum total bilirubin level was maintained below 5 mg/dl after 6 session of TPE.

In conclusion, salvage TPE is worth considering procedure for patient with PHLF.

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VISCERAL PSEUDOANEURYSM OF HEPATIC ARTERY AS A COMPLICATION IN COMPLEX HEPATOBILIAR SURGERY

G. A. Herrera Chávez¹, M. A. Fuentes Rivera Carmelo¹, C. M. Yeren Paredes¹, E. G. Anchante Castillo¹, J. J. Nuñez Ju¹, R. R. Cruzalegui Gomez¹ and F. Carrasco Mascaro¹

¹Hospital Nacional Guillermo Almenara Irigoyen - Essalud, Cirugia de Higado y Vias Biliares, Lima, Peru

Introduction: Pseudoaneurysm is a rare lesion, which with the use of tomographic images the frequency of diagnosis has been increasing, representing a disruption in the continuity of the arterial wall, with a patent flow in a defined space beyond the arterial wall. The risk of rupture and catastrophic complications is high in this pathology. so treatment should be immediate after diagnosis. We present

3 cases of hepatic artery axis pseudoaneurysm in complex hepatobiliary surgery from January 2010 - April 2021.

Method: Retrospective clinical and imaging data were collected from the medical records system of our hospital, finding 3 cases, two pseudoaneurysms of the hepatic artery and one case of aneurysm of the mesenteric artery.

Results: Two patients were female and one male. Two patients were operated of hepatectomy and one of biliary derivation. All three patients had an operative site infection, along with bile leakage that preceded postoperative bleeding. One patient had hematochezia. Two patients subjected to drain bleeding and one after its removal. The Initial management in the three cases was hemodynamic support. Two patients were treated by interventional radiology and one patient underwent emergency reoperation.

Conclusion: The pseudoaneurysm of the hepatic or mesenteric artery is a rare complication according to the bibliography, which requires immediate and adequate management

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MULTIPLE HEPATIC ABSCESES REFRACTORY TO MEDICAL TREATMENT DUE TO GUINEA LEG PIG 'CUY PERUVIAN'

J. J. Nunez Ju¹, R. Cruzalegui Gomez², W. Ludena Hurtado¹, E. Anchante Castillo¹, V. Torres Cueva¹, C. Yeren Paredes¹, F. Carrasco Mascaro¹ and A. Fuentes Rivera Carmelo¹

¹Hospital Nacional Guillermo Almenara, HPB Surgery. Liver Division, Lima, Peru, and ²Hospital Nacional Guillermo Almenara, HPB Surgery. Liver Unit, Lima, Peru

A 34-year-old male patient from North Peru, Cajamarca presented with a 4 months of insidious course of illness. Presented abdominal sepsis and multiple liver abscesses. No relevance medical history, denies drug allergies.

He was in an emergency room with a fever and bad performance with right upper quadrant abdominal pain. Patient was admitted to the intensive care unit for four months, He lost 50 kg of weight, severe malnutrition, Doctors administered antibiotics and antifungals for persistent fever, immunological damage?, and the patient continued with septic Shock, use of inotropics was demanded, she presented intermittent improvements but then continued with the follow-up in images of multiple liver collections. The patient underwent surgery six times.

In the last surgery we identified a foreign body in the greater gastric curvature after releasing the lax and strong adhesions. We realized that this foreign body was a guinea pig leg, and it was the explanation for the septic state of the patient and the multiple liver abscesses.

We removed the greater gastric curvature with the guinea pig leg and drained the liver abscesses. The performance status and general condition of the patient improved and he was discharged on his 5th day.

'CUY' known as worldwide (Guinea pig) is a mammal consumed as a typical dish in the Andes region, it is consumed by native and foreign inhabitants and is characterized by a great protein contribution and a dish that is a sample of union and brotherhood in the inhabitants of the central zone of Peru.