Variation on a Theme: Alternative to Plastic Bag in ALPPS Procedures. Feasibility and Clinical Safety of COVA+TM Membrane in ALPPS Procedures

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Sir,

We read with interest the alternative technique proposed by Ettorre et al. [1] reported after its use on three patients undergoing ALPPS procedure, to prevent adhesions. The idea relies on the use of the gallbladder peritoneum, stitched on the cut surface of the deportalized liver. Furthermore, the authors propose the use of the falciform ligament as a second patch to cover the cut surface of the left liver. The technique is simple and cost-free. However, the gallbladder absence (e.g., previous cholecystectomy) and the case of tumoral process starting from, or involving, the gallbladder can be troublesome. Since the first ALPPS report [2], many alternatives on technical details has been described: among them, the depth of liver transection until the vena cava (VC) or not [3]. Our policy is to follow the original description and continue the transection beyond the hilar plate until the VC, where most of adhesions appear. Unfortunately, neither the gallbladder peritoneum

nor the falciform ligament usually totally covers the liver cut surface, while the acellular collagen membrane that we used has larger and standard dimensions, adapted to cover the entire transected plane. Anyhow, the proposal from Ettorre et al. [1] can be ascribed—as well as ours [4, 5]—to the broader category of “variations on a theme.” The debate around the ALPPS procedure is not finished yet, and the last word is far to be written.

Compliance with ethical standards

Conflict of interest The authors declare no conflict of interest.

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