

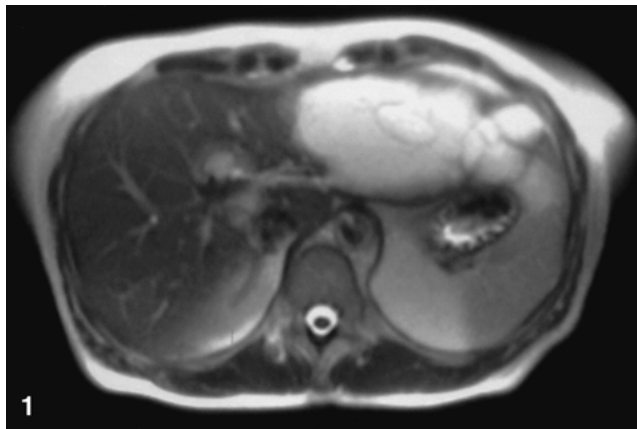
## Laparoscopic liver resection of benign liver tumors

### Results of a multicenter European experience

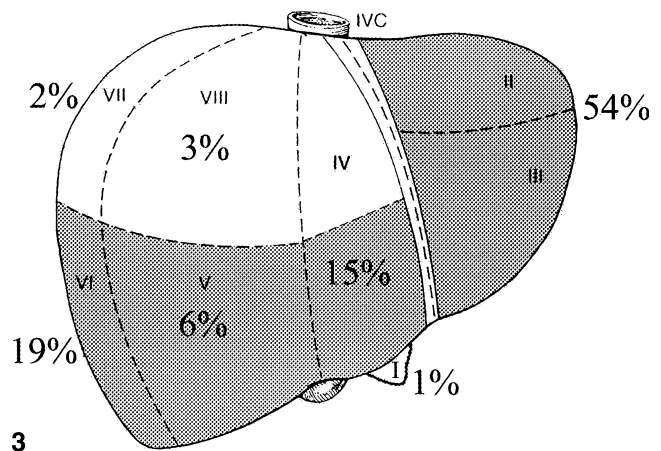
B. Descottes, D. Glineur, F. Lachachi, D. Valleix, J. Paineau, A. Hamy, M. Morino, H. Bismuth, D. Castaing, E. Savier, P. Honore, O. Detry, M. Legrand, J. S. Azagra, M. Goergen, M. Ceuterick, J. Marescaux, D. Mutter, B. de Hemptinne, R. Troisi, J. Weerts, B. Dallemagne, C. Jehaes, M. Gelin, V. Donckier, R. Aerts, B. Topal, C. Bertrand, B. Mansvelt, L. Van Krunckelsven, D. Herman, M. Kint, E. Totte, R. Schockmel, J. F. Gigot

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This article was published correctly Online First, but an error was made in the printed version. The images for Figs. 1, 3, and 4 were inadvertently interchanged. The PDF file online now reflects the correct information, and the art appears here in proper order with the correct legends.



**Fig. 1.** A 49-year-old woman suffered from a painful 14-cm well-diagnosed liver hemangioma located in segments II, III, and IV of the liver requiring a laparoscopic left hepatic lobectomy. The postoperative course was uneventful, and the patient was discharged 8 days after the procedure without need for blood transfusion.



**Fig. 3.** Segmental inrahepatic location of resected liver tumor according to Couinaud classification in the whole series. Multiple segments can be affected by the same tumor.

**Fig. 4.** Computed tomography of a 37-year-old female suffering from right upper quadrant abdominal pain from a 7-cm liver tumor deeply sited in segment II of the liver requiring left lateral segmentectomy. The procedure was converted to an open approach due to the close contact of the tumor with the left hepatic vein. The postoperative course was uneventful, and the patient was discharged on postoperative day 7.

