



## ASO Author Reflections: Making a Wide Window to the Hepatocaval Confluence for Laparoscopic Resection of a Deep Segment 8 Lesion

Satoshi Ogiso, MD, PhD, FACS, and Satoru Seo, MD, PhD

Division of Hepato-Biliary-Pancreatic Surgery and Transplantation, Department of Surgery, Graduate School of Medicine, Kyoto University, Kyoto, Japan

### PAST

Resection of liver lesions contacting the hepatocaval confluence poses a risk of injury to major hepatic veins/vena cava, which potentially leads to massive bleeding as well as fatal gas embolism when laparoscopy is performed. Although meticulous dissection is needed to detach lesions from major hepatic veins/vena cava, the laparoscopic view and access to the hepatocaval confluence is significantly limited.<sup>1,2</sup> Therefore, this difficult resection remains a non-optimal candidate for laparoscopy.

### PRESENT

Even in open hepatectomy, limited resection of deep or large segment 8 lesions disrupts the surgical field at the hepatocaval confluence. Then a conventional transfissural approach is effectively used to open the midplane of the liver widely along the middle hepatic vein (MHV)<sup>3,4</sup> and obtain an improved surgical field at the hepatocaval confluence. This approach was applied to laparoscopic segment 8 resection for lesions contacting the hepatocaval confluence, suggesting that the approach is useful for facilitating such a demanding procedure.<sup>5</sup>

### FUTURE

Laparoscopic segment 8 resection can be safely disseminated by using a transfissural approach, even when lesions are large or deeply located and in contact with the hepatocaval confluence. Further studies are warranted to accumulate the necessary data and confirm the reproducibility and safety of the technique.

**DISCLOSURE** There are no conflict of interest.

### REFERENCES

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