



ASO Author Reflections: Segment 8 Resections: Perhaps Not so Hidden...

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PAST

The dome of the liver, namely, segment 8, was for years hidden to the liver surgeon. To deal with this, some authors proposed to open the thoracic cavity, whereas others, mainly in Western countries, opted to perform formal right hepatectomy to ensure a safe resection. Refinement of cross-sectional images and a better understanding of liver anatomy allowed liver surgeons to develop different strategies to deal with more conservative solutions, either anatomic or non-anatomic, for segment 8 lesions.

PRESENT

Minimally invasive surgery, particularly its view, changed the way surgeons face surgical resections, as the magnified view and the need for a bloodless surgical field led to the development of different approaches to classical surgical resections. This has been especially true for segment 8 resections, with different approaches proposed to achieve an actual segment 8 resection.^{1–4} This report presents a venous-guided approach not based in a medial transection plane (middle hepatic vein or anterior fissure hepatic vein) but in a lateral plane (right hepatic vein), which can be useful for some particular anatomies.⁵

FUTURE

Similar to the medical oncologist, the liver surgical oncologist must be ready to offer tailored surgery to each particular patient based on his or her particular anatomic profile, either by a hilar approach or by different vein-guided transfissural approaches for better achievement of surgical control.

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