



AB024. S4-4. Percutaneous transhepatic portal vein embolization and evaluation of future liver remnant

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Abstract: Percutaneous transhepatic portal vein embolization (PTE) has been regarded an indispensable armamentarium for extended liver surgery such as extended right (or left) hepatectomy and hepatopancreatoduodenectomy (HPD) for perihilar cholangiocarcinoma. Before PTPE, we set up

appropriately one or more percutaneous transhepatic biliary drains (PTBD) to reach a minimally jaundiced status. We prefer to have (extended) right hepatectomy for Bismuth 1, 2, 3a and 4 subtypes; and (extended) left hepatectomy for Bismuth 3b. Accordingly, PTPE against V5-8 and CV1 is most desirable. The elapsed time period between PTPE and hepatectomy varies remarkably, ranging from 6–14 weeks, whenever the future liver remnant approaches >35% of whole liver or >0.7% of body weight, based on computed tomography-based volumetry. We heavily rely on (indocyanine green) ICG 15' retention test and those who display >10% of ICG 15' tests are considered contraindicated for major hepatectomy in our practice.

Keywords: Percutaneous transhepatic portal vein embolization; future liver remnant; volumetry

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