



Image of the month

Portal Anatomic Variant as an Incidental Finding During Cholecystectomy[☆]



Variante anatómica portal como hallazgo casual durante colecistectomía

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Fig. 1

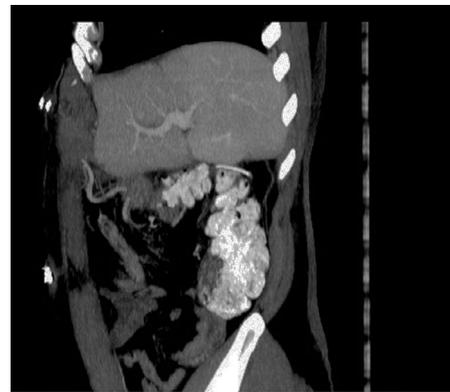


Fig. 2

The patient is a 58-year-old male with symptomatic cholelithiasis who was scheduled for laparoscopic cholecystectomy. Conversion to open surgery was necessary after iatrogenic injury to the left hepatic duct, which was confirmed by intraoperative cholangiography. Intraoperative ultrasound showed atrophy of segments V and VI as well as the right portal vein. The left hepatic duct was sutured over a T-tube. Postoperative progress was favorable. The postoperative follow-up study was completed with CT angiography.

Arterial flow to the right posterior segments was supplied by a branch of the superior mesenteric artery (Fig. 1). A type D portal vein variant was observed with premature division in the right posterior segments, which remained undivided until giving rise to the intraparenchymal branches for the left and anterior right segments (Fig. 2).

The consequences of a hepatectomy without having identified this anatomical anomaly would have been disastrous.

Conflict of Interests

The authors have no conflict of interests to declare.

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