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Video of the month

Indocyanine green fluorescence guidance and initial pedicle portal approach for laparoscopic segmentary liver resection☆

Resección hepática segmentaria laparoscópica guiada por fluorescencia de verde de indocianina y abordaje inicial del pedículo portal

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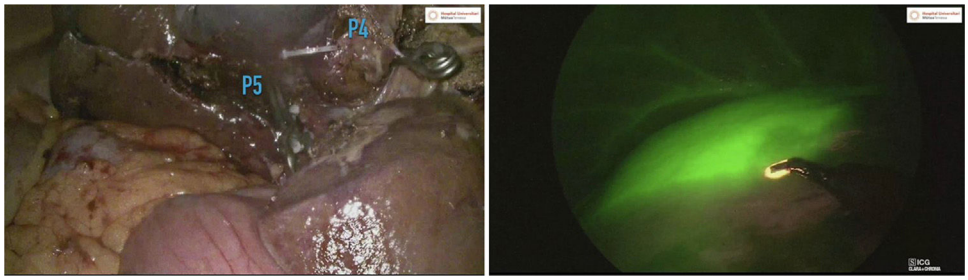

Figure 1 – Temporal occlusion of the portal pedicles of segments IVb and V; outline of ischemia using indocyanine green.

Laparoscopic liver surgery has evolved in recent years, thanks to the advent of new approaches. The combined use of the Glissonian approach for portal pedicles based on the Laennec capsule, together with the intravenous injection of indocyanine green, make it possible to perform anatomical liver resections with greater precision, avoiding ischemic areas.

Case report: We report the case of a 77-year-old male patient who had been diagnosed with a lesion in liver segments IVb-V that demonstrated uncertain radiological behavior (intrahepatic cholangiocarcinoma vs. gallbladder neoplasm). The preoperative study demonstrated: normal liver work-up, normal CA19.9, and elevated CEA.

Laparoscopic IVb-V segmentectomy was performed using a Glissonian approach of the portal pedicle with indocyanine green contrast (Fig. 1) and laparoscopic cholecystectomy. Hilar lymphadenectomy was also carried out.

Definitive pathology: Large cell neuroendocrine carcinoma (2.4 cm) with focal infiltration of the liver parenchyma. Free liver margins; lymph node involvement 0/6.

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:https://doi.org/10.1016/j.ciresp.2020.04.034.

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