



Video of the month

Laparoscopic placement of hepatic artery infusion catheter for colorectal cancer liver metastases[☆]



Inserción laparoscópica de catéter de infusión en arteria hepática para el tratamiento de metástasis hepáticas de cáncer colorrectal

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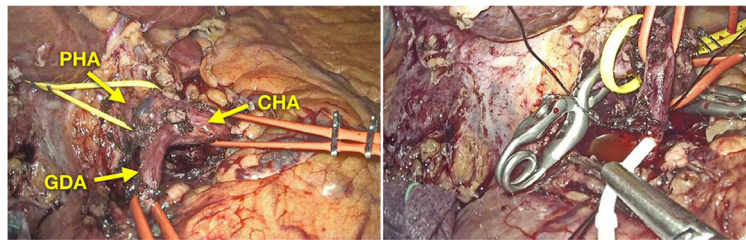


Fig. 1 – Dissection of the gastroduodenal artery (GDA), common hepatic artery (CHA) and proper hepatic artery (PHA). Insertion of intraarterial catheter in the AGD.

Insertion of the catheter in the gastroduodenal artery makes it possible to achieve high doses of chemotherapy in the liver parenchyma in patients with unresectable liver metastases, while minimizing systemic toxicity. The laparoscopic approach allows for a quick recovery and an early start of systemic treatment.

Clinical case: 67-year-old male with sigmoid adenocarcinoma treated by sigmoidectomy and adjuvant treatment. During follow-up, he presented bilobular liver metastases. After 2 lines of chemotherapy, he presented stabilized liver disease, and liver resection was proposed.

Intraoperative ultrasound detected new unresectable liver metastases. We therefore decided to place a catheter in the gastroduodenal artery and perform cholecystectomy (Fig. 1).

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.2020.06.004>.

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