



## Video of the month

# Laparoscopic left hepatectomy and combined resection and reconstruction of right hepatic artery for intrahepatic cholangiocarcinoma<sup>☆</sup>



## Hepatectomía izquierda laparoscópica con resección y reconstrucción de arteria hepática derecha por colangiocarcinoma intrahepático

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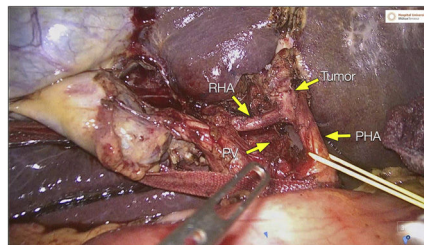


Fig. 1

We present the case of a 78-year-old man who, due to abdominal pain and cholestasis without jaundice, was diagnosed by CT and MRI of an intrahepatic cholangiocarcinoma with retrograde dilation of the intrahepatic bile duct of segments II and III. The MRI reported a sudden change in bile duct caliber and a millimetric nodule that slightly rectified the wall of the left portal vein. No arterial involvement was found preoperatively. The intervention was performed laparoscopically and began with the lymphadenectomy of the hepatic hilum. During the dissection of the hepatic artery, tumor infiltration of the bifurcation of the right and left hepatic artery was evidenced (Fig. 1). A resection of the arterial bifurcation and end-to-end reconstruction were performed between the proper and right hepatic arteries. The correct vascularization of the right liver lobe was verified by using indocyanine green. The left hepatectomy was finally completed. The pathological anatomy showed a grade 2 small duct intrahepatic cholangiocarcinoma, with invasion and perineural involvement of the hepatic artery, negative resection margins and positive hilar lymph nodes.

### 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.2022.04.006>.

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