

E-046

Bi-directional Eversion Thrombectomy For The LDLT Recipient With Yerdel Grade IV Portal Vein Thrombosis

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Background : Portal vein thrombosis (PVT) is a common complication of end-stage liver disease. Revascularization of the portal vein is essential for patient survival after liver transplantation (LT). In the past, PVT was considered a contraindication for LT. However, PVT is no longer a contraindication for LT.

Methods : The patient is a 66-year-old male with liver cirrhosis caused by hepatitis B. He has been taking tenofovir for chronic hepatitis B. He has had chronic PVT since December 2013 and has been on dabigatran. He has undergone 13 sessions of endoscopic vessel ligation since 2023. He also has a history of cholecystectomy.

Results : He received a living donor liver transplantation, with his son as the donor. The surgical strategy for PVT involved bi-directional thrombectomy. First, an incision was made in the superior mesenteric vein (SMV), followed by thrombectomy of the SMV. Second, after total hepatectomy, the hilum and portal vein were diverted, and the thrombus was removed using the eversion thrombectomy technique. Third, the portal vein was retrieved to the infrapancreatic space, and further thrombus was removed from the spleno-SMV junction. Finally, due to injury to the portal vein, it was repaired using a cryo-preserved iliac vein from a deceased donor.

Conclusions : On postoperative day 1, Doppler ultrasonography showed good portal flow. On postoperative day 5, a liver contrast CT revealed no further complications in the portal vein. However, a pancreatic fistula developed, which was managed conservatively, leading to improvement in the patient's condition.

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