Pure laparoscopic left hemihepatectomy with clamp-crush parenchyma transection: case report

D.O. Fedorov, O.M. Ostapyshen, K.O. Yuzvyk

**Background:** Laparoscopic left hemihepatectomy is well-described procedure. It repeats all stages of open procedure, including liver transection. It is recommended to use CUSA for division of liver parenchyma, but in case of its inaccessibility liver clamp-crush is an option.

**Case report:** 68 y.o. female presented with asymptomatic 10 cm liver lesion found on ultrasound in left lobe and thought to be colorectal metastasis because of oncologic anamnesis. MRI showed signs of contrast washout. AFP was normal - 1,5 IU/ml. Blood tests were normal. No other abnormalities, including any signs of portal hypertension were found. After discussing case on hospital board she was planned on laparoscopic left hemihepatectomy.

**Results:** Estimated blood loss was 300 mL, Pringle time was 60 min., operation time was 248 minutes. Postoperative course was uneventful and patient was discharged on day 5 postoperatively. Histology showed benign angiolipoma and no specific treatment was prescribed.

**Conclusion:** Left lobe liver lesion, even huge, without vascular invasion can be managed laparoscopically. In case of inaccessibility of CUSA clamp-crush parenchyma transection method may be used.