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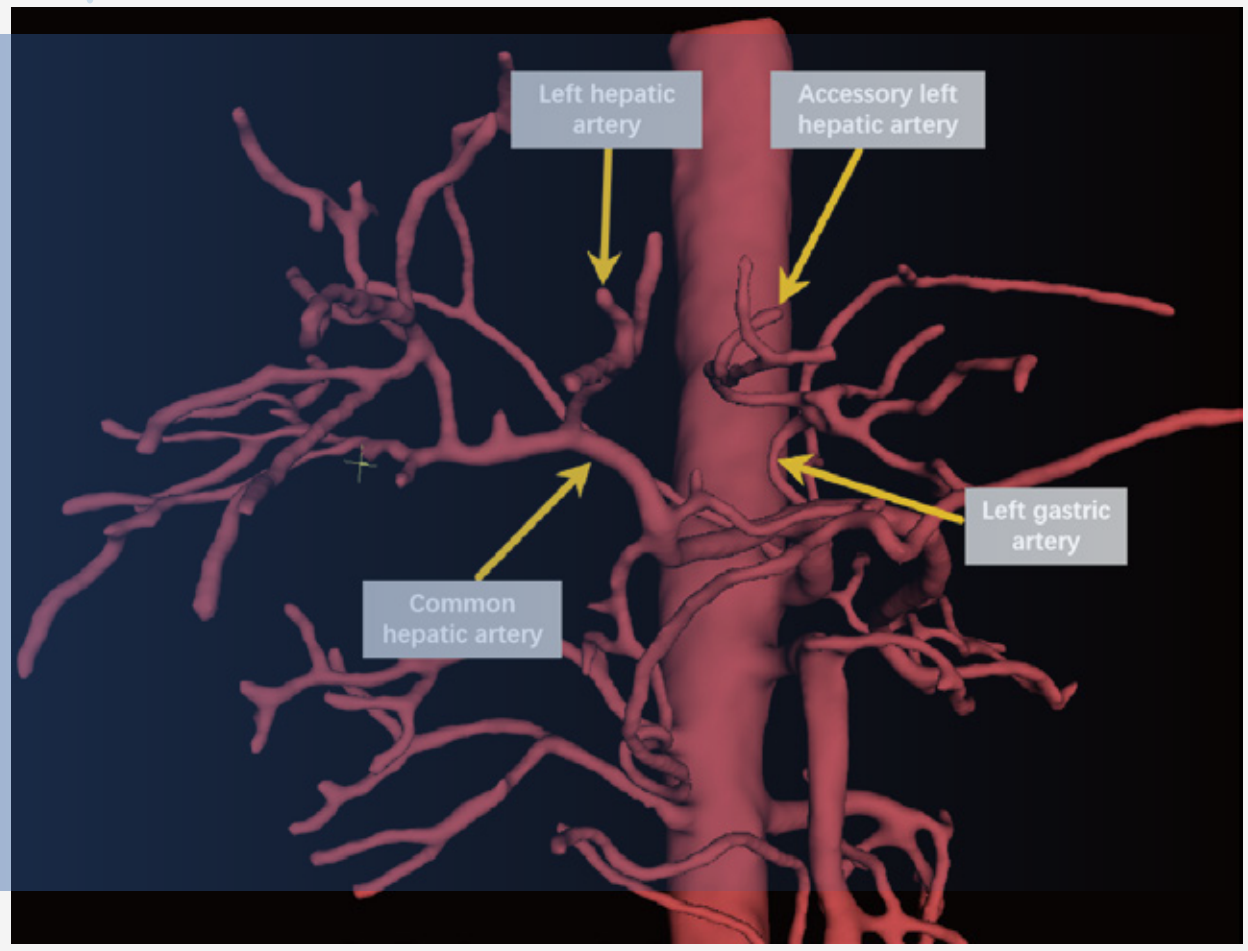
Liver Surgery Case VII

Variant Left Hepatic Artery (Accessory Left Hepatic Artery from the Left Gastric Artery); Variant Right Posterior Branch of the Portal Vein (Arcuate Type)

In this patient, a hepatic arterial variation is present. Specifically, there is an accessory left hepatic artery arising from the left gastric artery, while the left hepatic artery arises from the proper hepatic artery.



Surgical implications:

- For left hemihepatectomy, both the left hepatic artery and the accessory left hepatic artery must be individually ligated and divided.
- For pancreaticoduodenectomy, during lymph node dissection along the left gastric artery, special attention must be paid to the accessory left hepatic artery to avoid inadvertent injury that could compromise hepatic perfusion.

This patient also demonstrates a portal venous variation. The right posterior portal vein exhibits an arcuate configuration.

- Such variation requires careful evaluation during planning of right-sided hepatic resections, as the atypical arcuate course of the right posterior portal vein may complicate identification and safe division of segmental branches.

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