

A case of large intraductal papillary mucinous neoplasm of bile duct managed by portal vein embolization and right trisectionectomy.

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Introduction:

Surgical management is the cornerstone of treatment for intraductal papillary mucinous neoplasm of bile duct. In some cases, the large tumor involving multiple segment of liver may cause surgical problem. We reported a case that portal vein embolization can be helpful in this situation.

Methods:

A 45 year-old-man suffered from abdominal pain for 2 years. His abdominal MRI revealed a large cystic-papillary tumor which involved segment IV, V, VI, VII and VIII of liver. Initially, functional liver volume of the left lateral segment was estimated to be 25%. Right portal vein embolization was done and CT-Volumetric in the following 3 weeks reported volume of left lateral segment was increased to 35%.

Results:

The right trisectionectomy was performed in this patient. During operation, negative right bile duct margin was reported by frozen section. On section of the liver specimen revealed 17x11x11 cm cystic mass with numerous papillary projection and mucus containing inside. Post-operative course was uneventful. Patient was discharged on 7th post-operative day. Pathological report revealed intraductal papillary mucinous neoplasm of bile duct with invasive component and free resection margin.

Conclusions:

Hepatectomy is an only one curative procedure for intraductal papillary mucinous neoplasm of bile duct. Portal vein embolization can be an adjunct procedure for management in case of large tumor.

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