



EP-012

## Robotic Liver Resection For IHD Stone

**EUN JEONG JANG<sup>1</sup>**, KWAN WOO KIM<sup>\*1</sup>, SUNG HWA KANG<sup>1</sup>

<sup>1</sup>Department Of Surgery, *동아대학교병원*, REPUBLIC OF KOREA

**Background** : Intrahepatic duct (IHD) stone is the presence of calculi within the intrahepatic bile duct specifically located proximal to the confluence of the left and right hepatic ducts. This stone is characterized by its intractable nature and frequent recurrence, requiring multiple therapeutic interventions. Without proper treatment, biliary strictures and retained stones can lead to repeated episodes of cholangitis, liver abscesses, secondary biliary cirrhosis, portal hypertension, cholangiocarcinoma and death from sepsis or hepatic failure. The ultimate treatment goals for IHD stones are complete removal of the stone, the correction of the associated strictures, the prevention of recurrent cholangitis and the risk of cholangiocarcinogenesis. A surgical resection can satisfy the goal of treatment for hepatolithiasis. Although there are various surgical methods for IHD stone, here, we share our experiences of robotic liver resection for the IHD Stones because robot has many advantages, for example, articulated instruments and good suturing performance.

**Methods** : Our center has experience of about 65 cases of robotic liver resection from 2020 to now. 6 of them was robotic liver resection for the IHD Stones.

**Results** : There were 5 left hepatectomies and 1 right hepatectomy. The age, Body mass index, operation time and hospital stay were 66.1, 23.2 kg/m<sup>2</sup>, 185.6 min and 9.3 days. In this series, no open conversion was conducted for robotic liver resection. Fortunately, there were no significant post operative complications except 1 minor bile leak that was treated by percutaneous drainage.

**Conclusions** : Although our cases are small, in the case of intrahepatic duct stone in confluence or with CBD stones, Robot platform would be useful option for removal of IHD stone and CBD stone during robotic liver resection.

Corresponding Author : **KWAN WOO KIM** (d002045@naver.com)