Abstract: We report a successful liver resection using cardiopulmonary bypass with, total hepatic vascular exclusion (THVE) for hepatocellular carcinoma (HCC), with extension into the right atrium. A 61-year-old man with a cirrhotic liver was referred to our department with HCC in the medial segment of the left lobe of the liver, and tumor thrombus extending into the right atrium. During surgery, a left lobe and caudate lobe of the liver were transected leaving the left lobe of the liver connected to the inferior vena cava (IVC) by only the left and middle hepatic trunks, and then the intracaval tumor thrombus and the left lobe of the liver were removed en bloc using cardiopulmonary bypass with total hepatic vascular exclusion (THVE). Cardiac arrest was not performed during THVE, and the patient had an uneventful postoperative course and was discharged from the hospital 2 months following surgery. He died of multiple pulmonary metastases 4 years and 8 months after surgery; however, imaging showed no evidence of recurrence in the remnant liver during that period.

In conclusion, by performing dissection of the hepatic parenchyma to the hepatic vein prior to removal of the tumor thrombus, the period of extracorporeal circulation, duration of warm ischemic time to the liver, and intraoperative blood loss were all reduced and a radical operation could be performed safely without scattering tumor cells during extirpation of the tumor. J. Med. Invest. 47: 155-160, 2000

Key words: hepatocellular carcinoma, extension into the right atrium, total hepatic vascular exclusion, cardiopulmonary bypass

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The figure illustrates various anatomical structures, including the aorta, pulmonary artery, and tumor thrombus, along with a cardipulmonary bypass setup. The diagram is likely related to a medical or surgical procedure, potentially involving en bloc resection or a similar technique. Further context or explanation is needed to provide a detailed description of the figure's significance and implications in medical literature.
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