

Experimental study of extended resection of hepatic hilar region for the patient with hepatic hilar carcinoma

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1994 Fiscal Year Final Research Report Summary

EXPERIMENTAL STUDY OF EXTENDED RESECTION OF HEPATIC HILAR REGION FOR THE PATIENT WITH HEPATIC HILAR CARCINOMA

Research Project

Project/Area Number

04670769

Research Category

Grant-in-Aid for General Scientific Research (C)

Allocation Type

Single-year Grants

Research Field

Digestive surgery

Research Institution

Kanazawa University

Principal Investigator

UENO Keiichi KANAZAWA UNIVERSITY,SCHOOL OF MEDICINE,THE SECOND DEPARTMENT,ASSISTANT PROFESSOR, 医学部, 講師 (30184948)

Co-Investigator(Kenkyū-buntansha)

OHTA Tetsuo KANAZAWA UNIVERSITY,SCHOOL OF MEDICINE,THE SECOND DEPARTMENT,ASSISTANT PROFESSOR, 医学部・付属病院, 助手 (40194170)

NAGAKAWA Takukazu KANAZAWA UNIVERSITY,SCHOOL OF ALLIED MEDICAL PROFESSIONS,PROFESSOR, 医療技術短期大学部, 教授 (50019600)

Project Period (FY)

1992 - 1994

Keywords

Hepatic Hilar Carcinoma / Hepatic Ischemia / Partial Arterialization of the Portal Vein / Total Hepatoduodenal Ligamentectomy / Extended Resection of Hepatic Hilar Region / Hepatic Blood Flow

Research Abstract

The purpose of this experimental study was the application to the clinical treatment for the patients with hepatic hilar carcinoma or advanced gallbladder cancer. Total hepatoduodenal ligamentectomy and extended resection of hepatic hilar region could bring the improvement of the curability. This procedure included the resection of the hepatic artery and the portal vein. However the incidence of postoperative hepatic failure was very high. In 1992, for preventing these postoperative hepatic failure, we designed the use of partial arterialization of the portal vein on the dearterialized in dog. We performed to examine the effect of the partial arterialization of the portal vein using a urokinase immobilized catheter. The catheter was used for 7 days after the operation to prevent hepatic failure caused by hepatoduodenal ligamentectomy. In 1993, we examined the influence of the ligation of the hepatic hilar lymph system and the resection of the hepatic hilar nerve. As the results, we proved the intrahepatic lymphangioectasis for a long time, the elevation of the serum biliary enzymes and the lowering of energy charge in liver. In 1994, we compared two experimental groups with intracorporial partial arterialization by portoarterial shunting for 14 days after operation. One group was the shunt between the portal vein and the hepatic artery. Another group was the shunt between the ileal vein and the ileal artery. Both groups were performed hepatic hilar dissection and the ligation of the hepatic artery. In conclusion, the group of the shunt between the ileal vein and artery was better than the group of the shunt between the portal vein and the hepatic artery from the view point of the survival rate and the postoperative hepatic function. We concluded the partial arterialization of the portal vein in dearterialized liver was very useful methods for the prevention of postoperative hepatic failure and the shunt between the ileal vein and artery for the method of arterialization was better than the other methods.▲ Less

Research Products (2 results)

All Other

All Publications (2 results)

[Publications] 中野 達夫: "動脈遮断肝に対する部分的門脈動脈血化法の検討-ウロキナーゼ固定化カテーテル装着法の有用性について" 金沢大学十全医学会雑誌. 101. 882-896 (1992) ▼

[Publications] Tatsuo, Nakano: "THE EFFECT OF PARTIAL ARTERIALIZATION OF THE PORTAL VEIN USING UROKINASE IMMOBILIZED CATHETER BYPASS BETWEEN THE FEMORAL ARTERY AND THE PORTAL VEIN ON THE DEARTERIALIZED LIVER" J.Juzen Med.Soc.101. 882-896 (1992) ▼

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