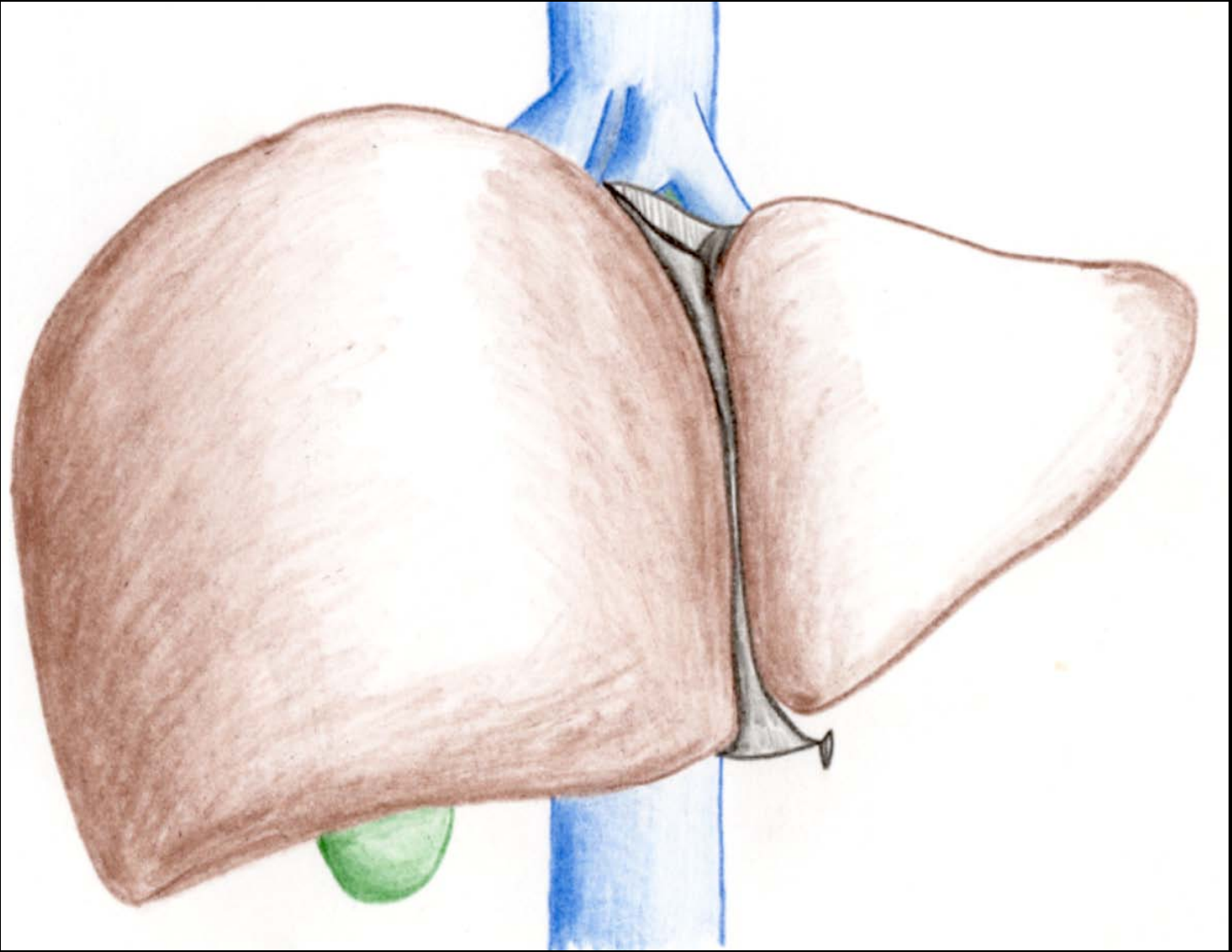
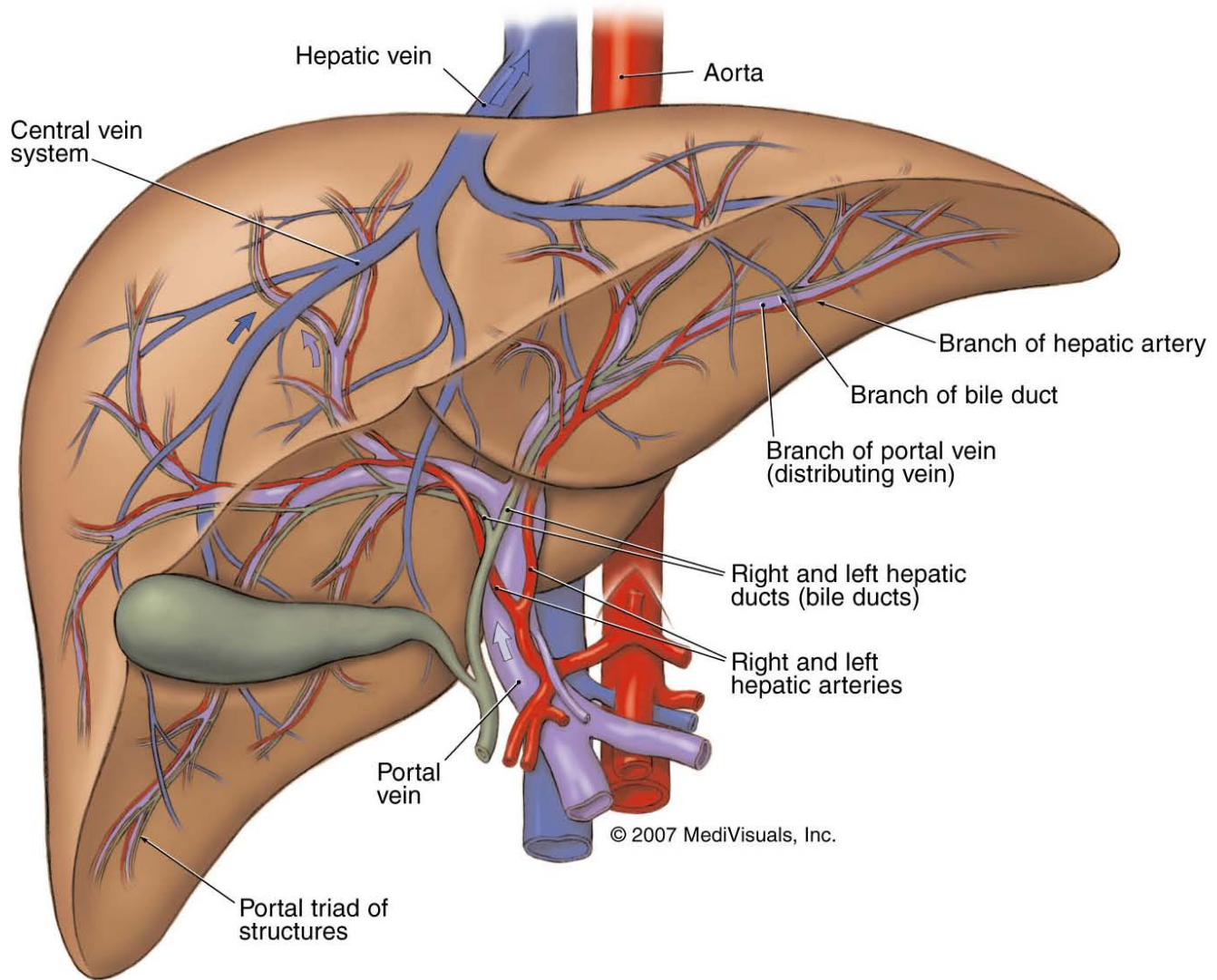


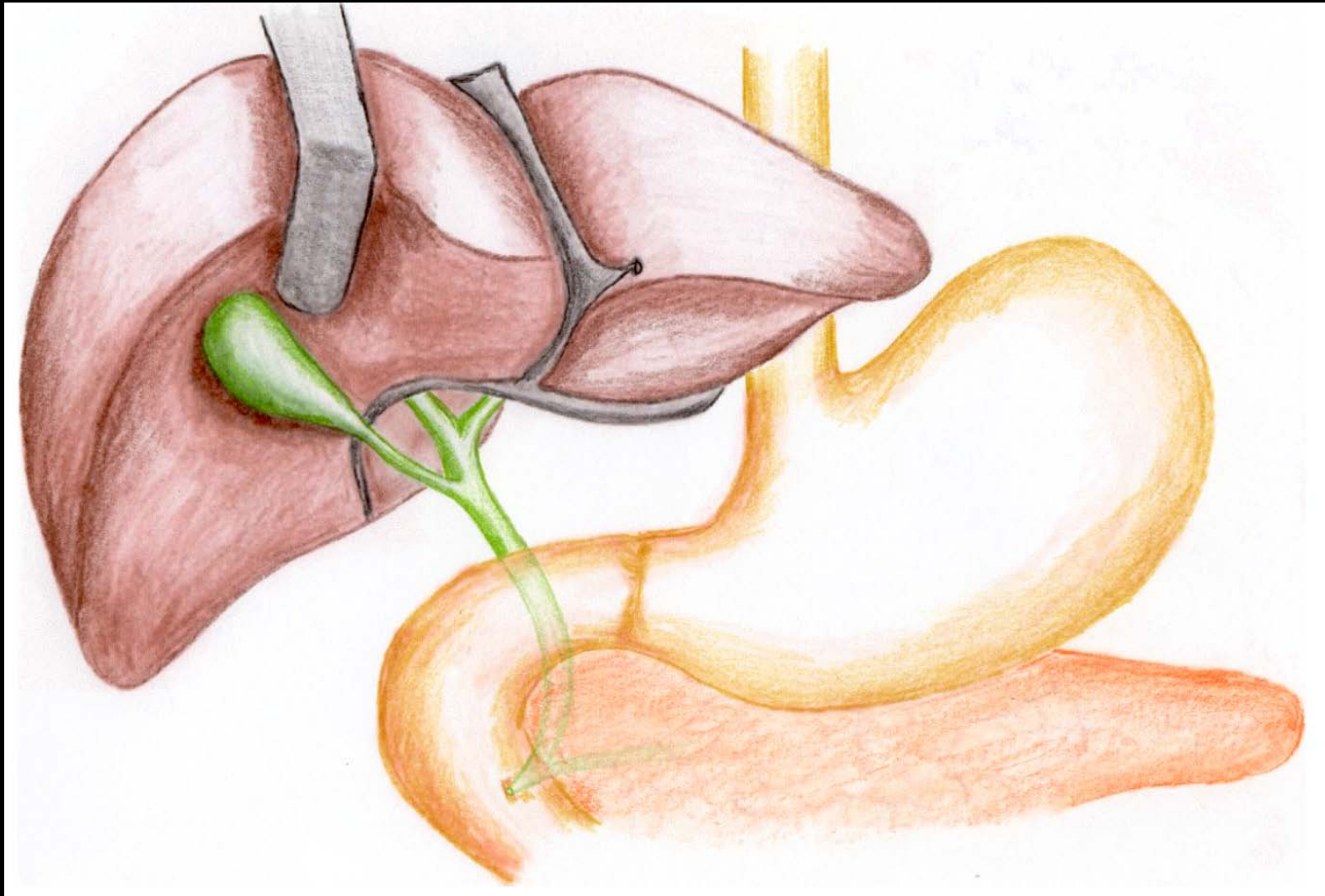
Christopher B. Hughes, MD, FACS
Surgical Director, Liver Transplantation
Starzl Transplantation Institute
University of Pittsburgh Medical Center

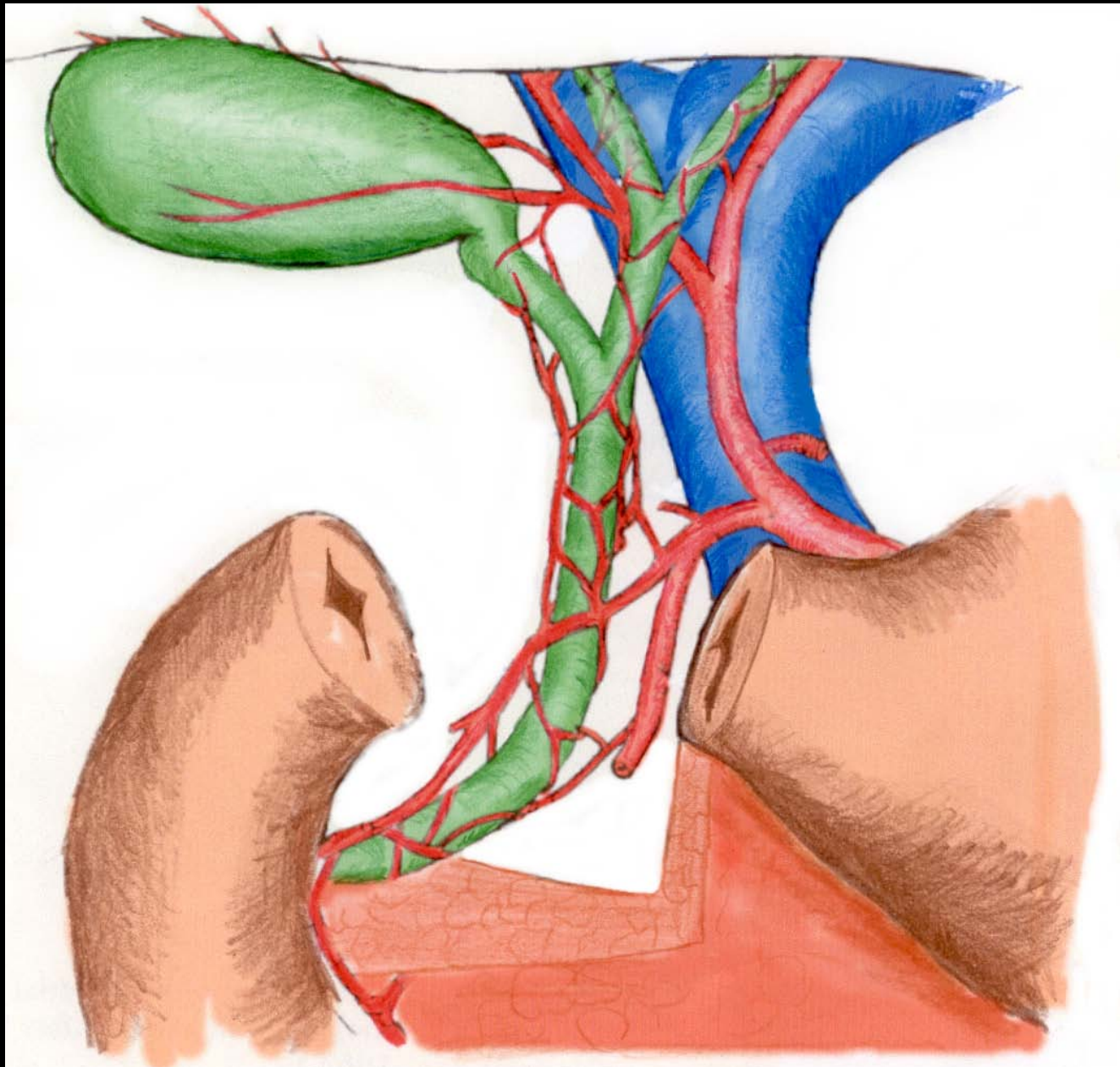


Transplantation for PSC
April 27, 2013

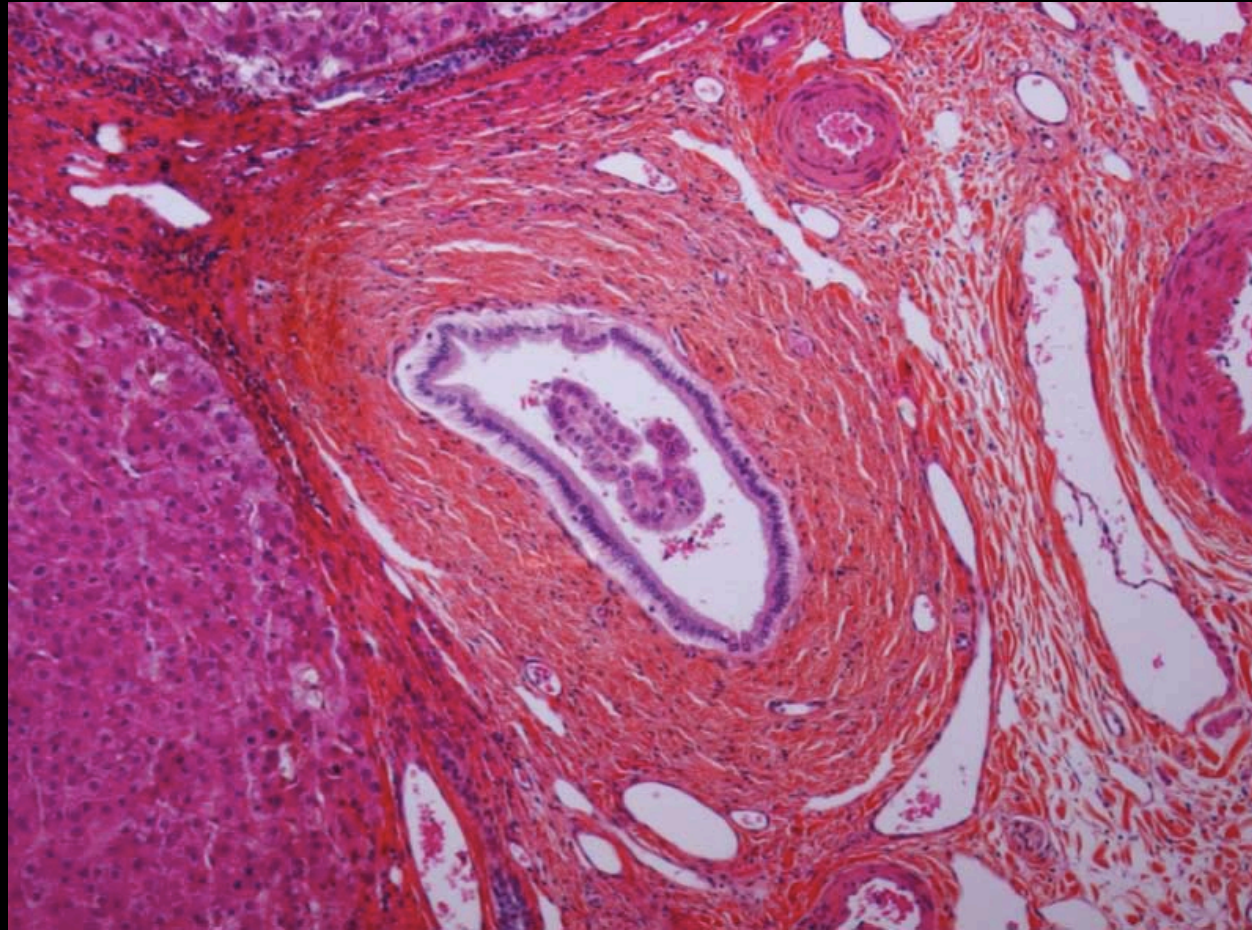


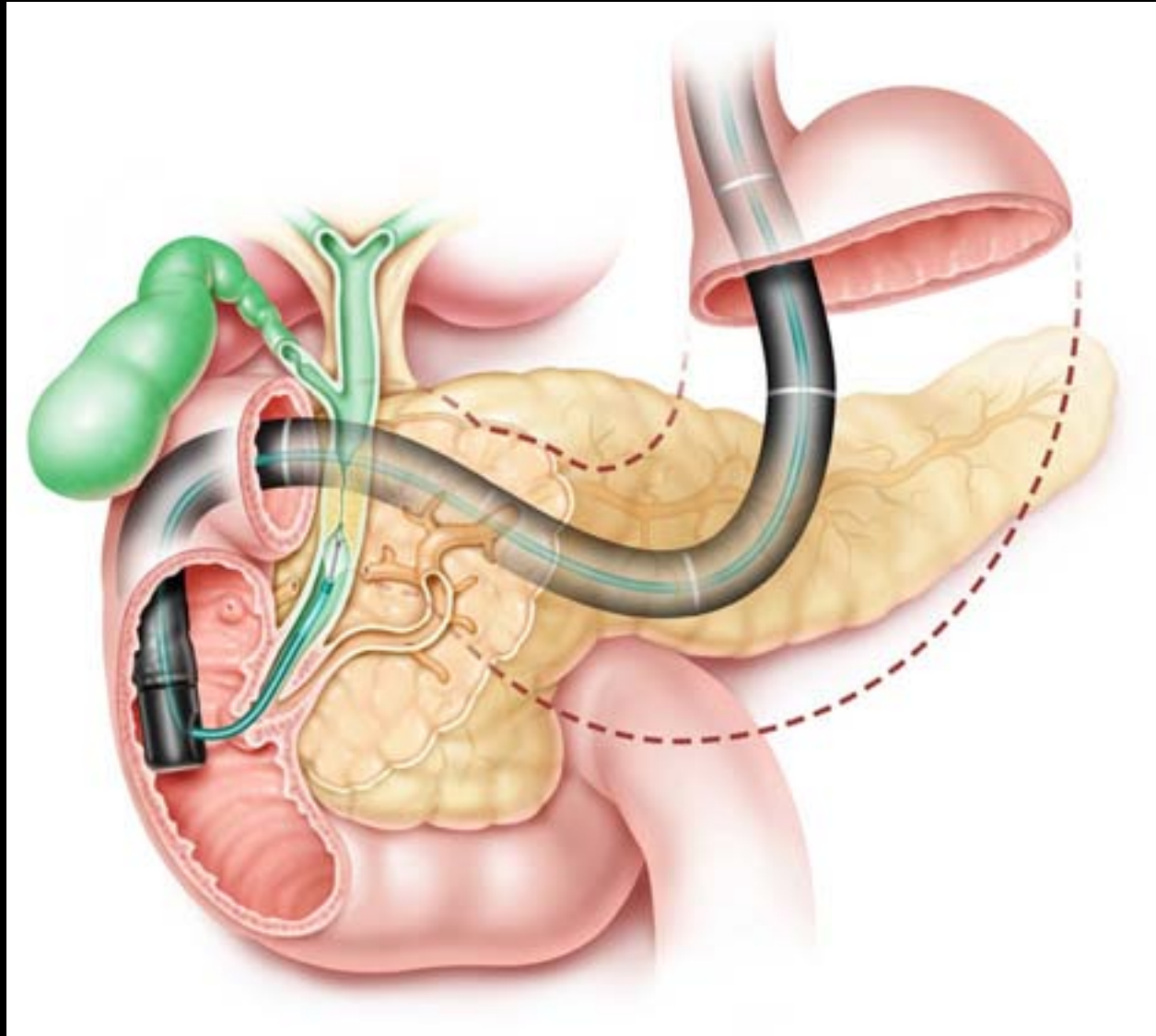












Normal Cholangiogram



www9.biostr.washington.edu/hubio511/RadAbdo/frames.htm

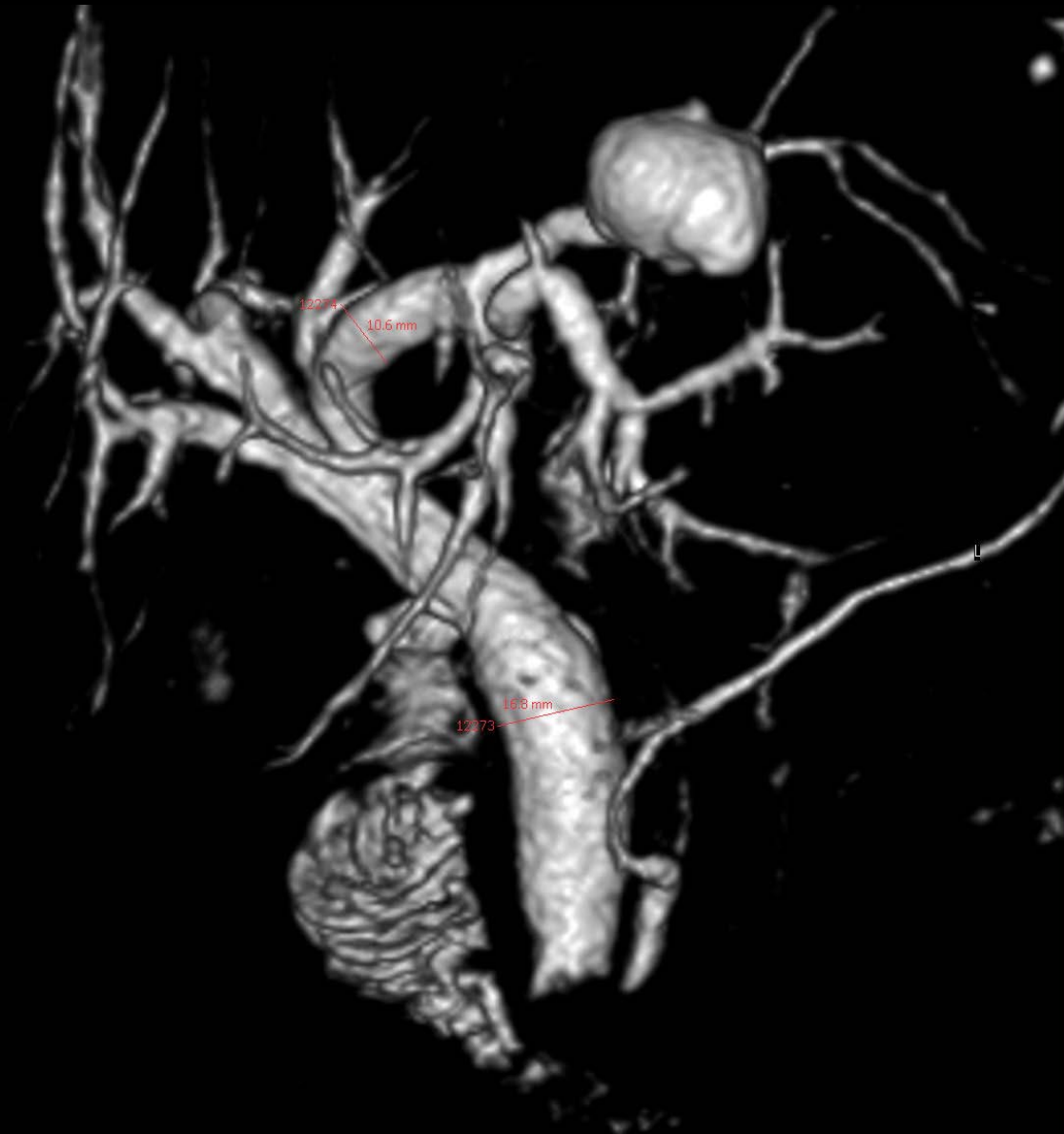
Cholangiogram showing PSC

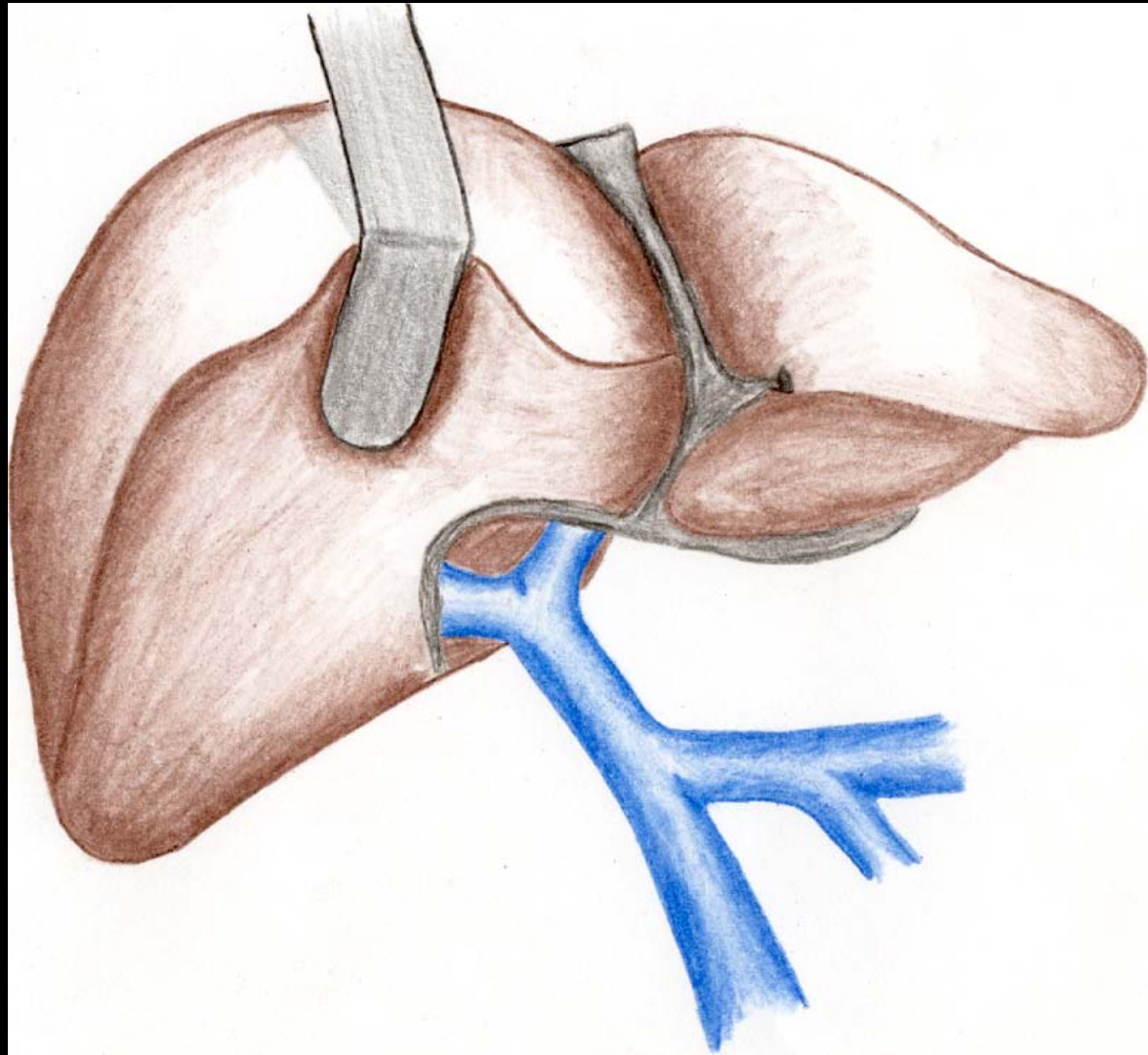


Fulcher A S et al. Radiology 2000;215:71-80

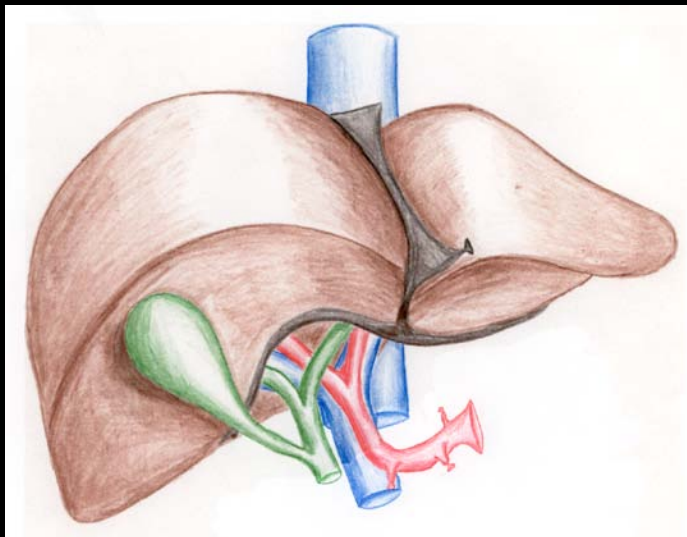
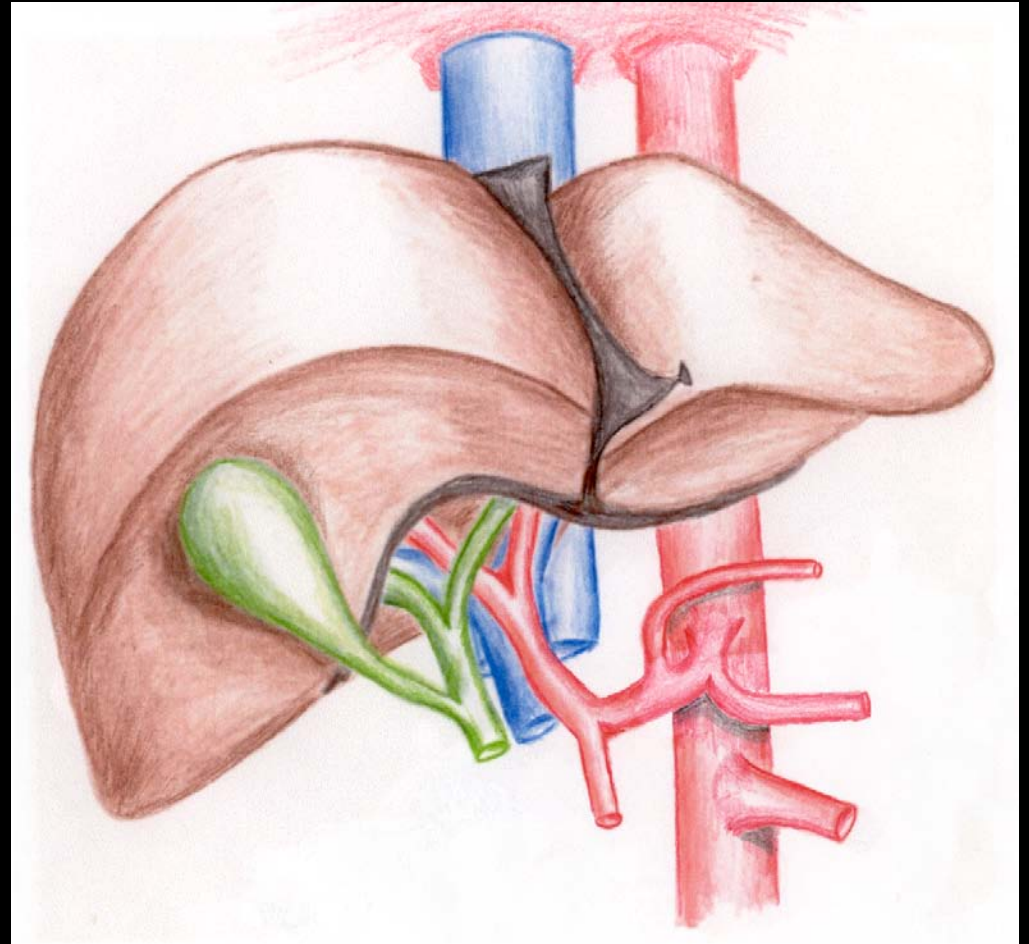
MRCP 3D Reconstruction

31

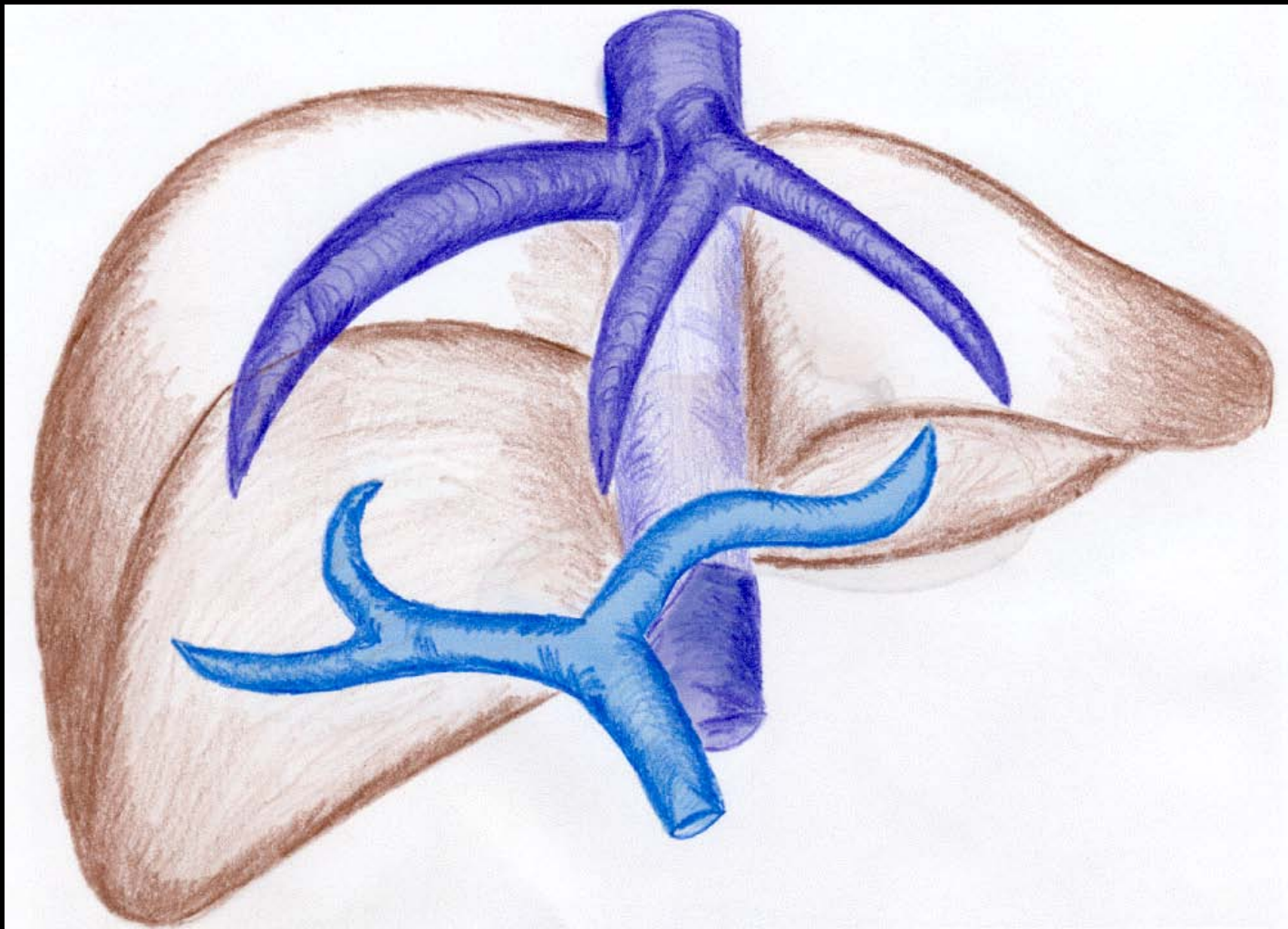




Normal arterial anatomy



Hepatic Veins



Im: 58+C

DFOV 36.0cm
STND

R

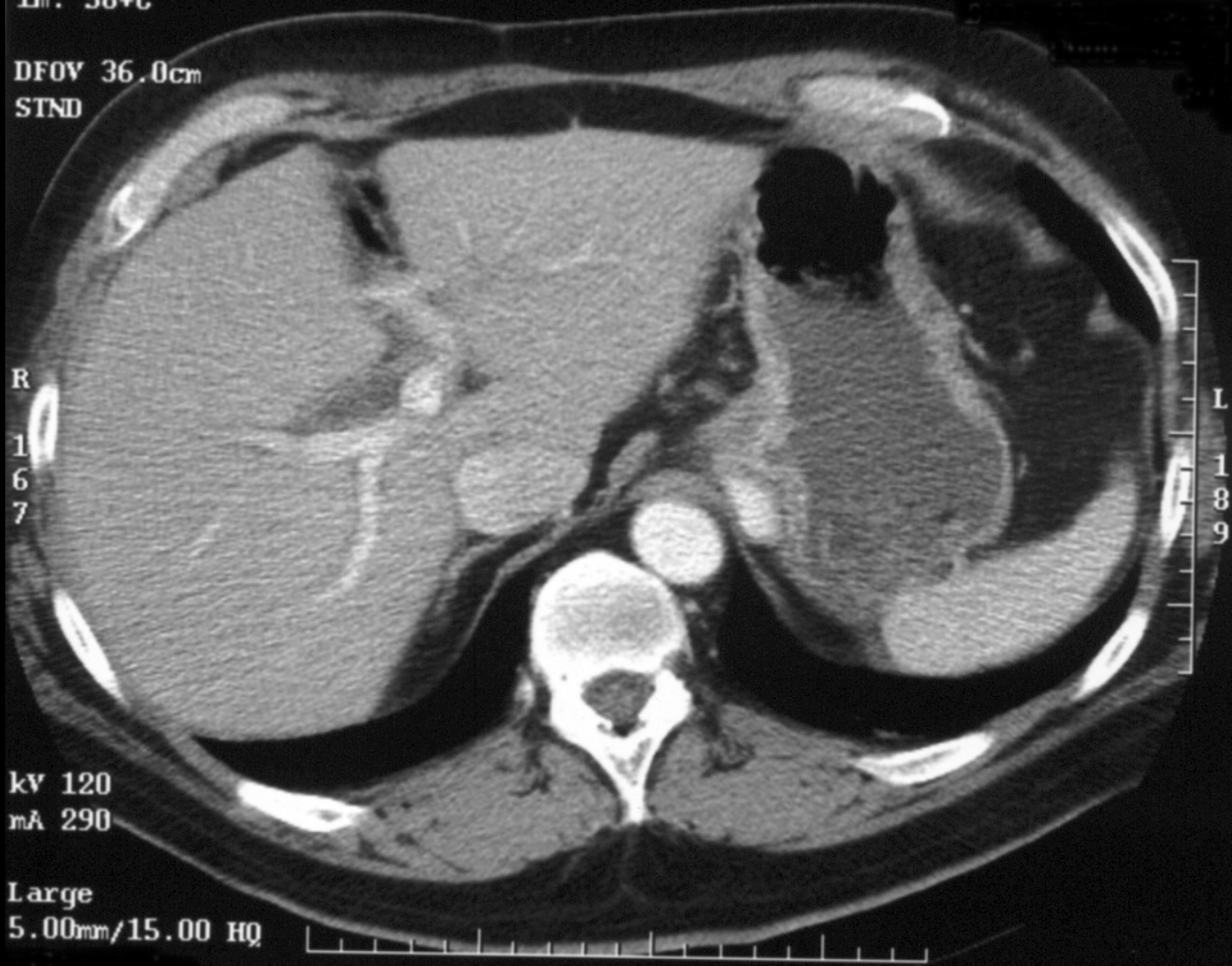
1
6
7

L

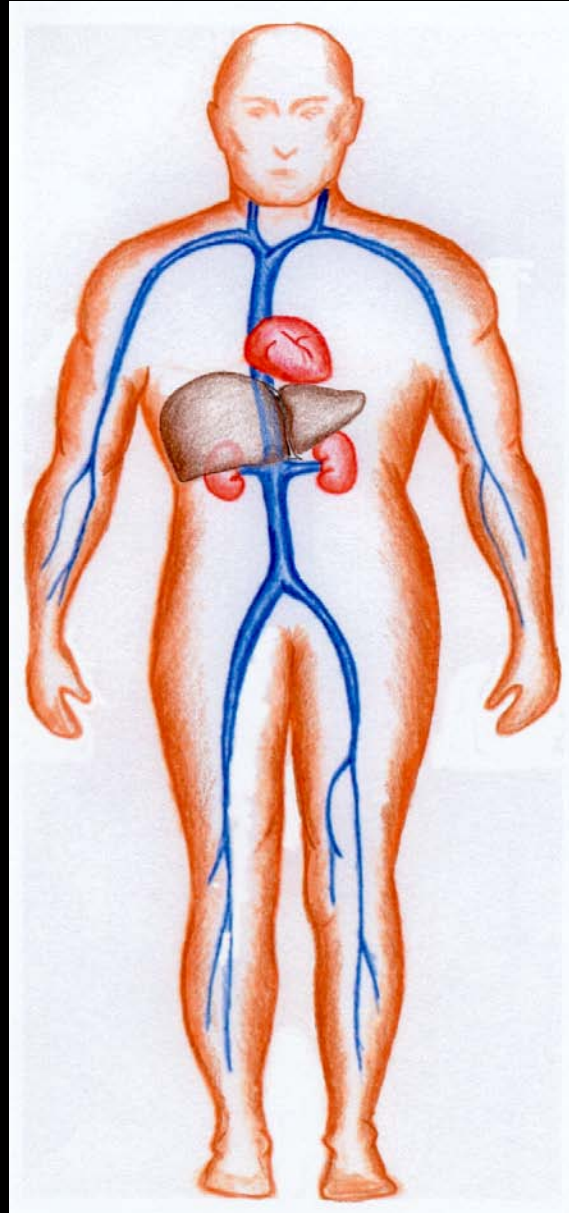
1
8
9

kV 120
mA 290

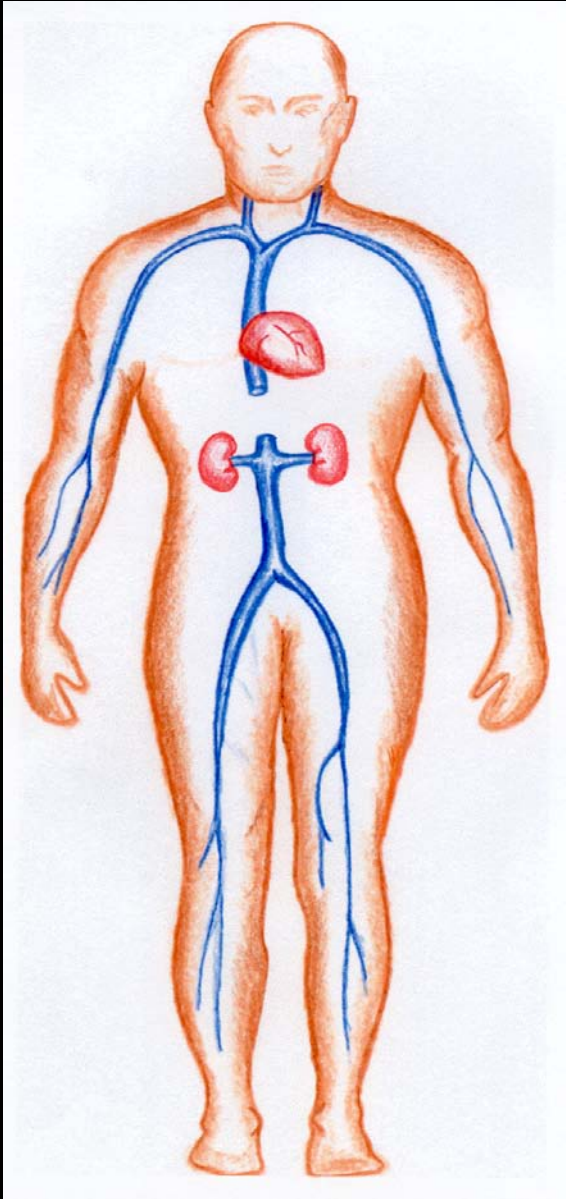
Large
5.00mm/15.00 HQ



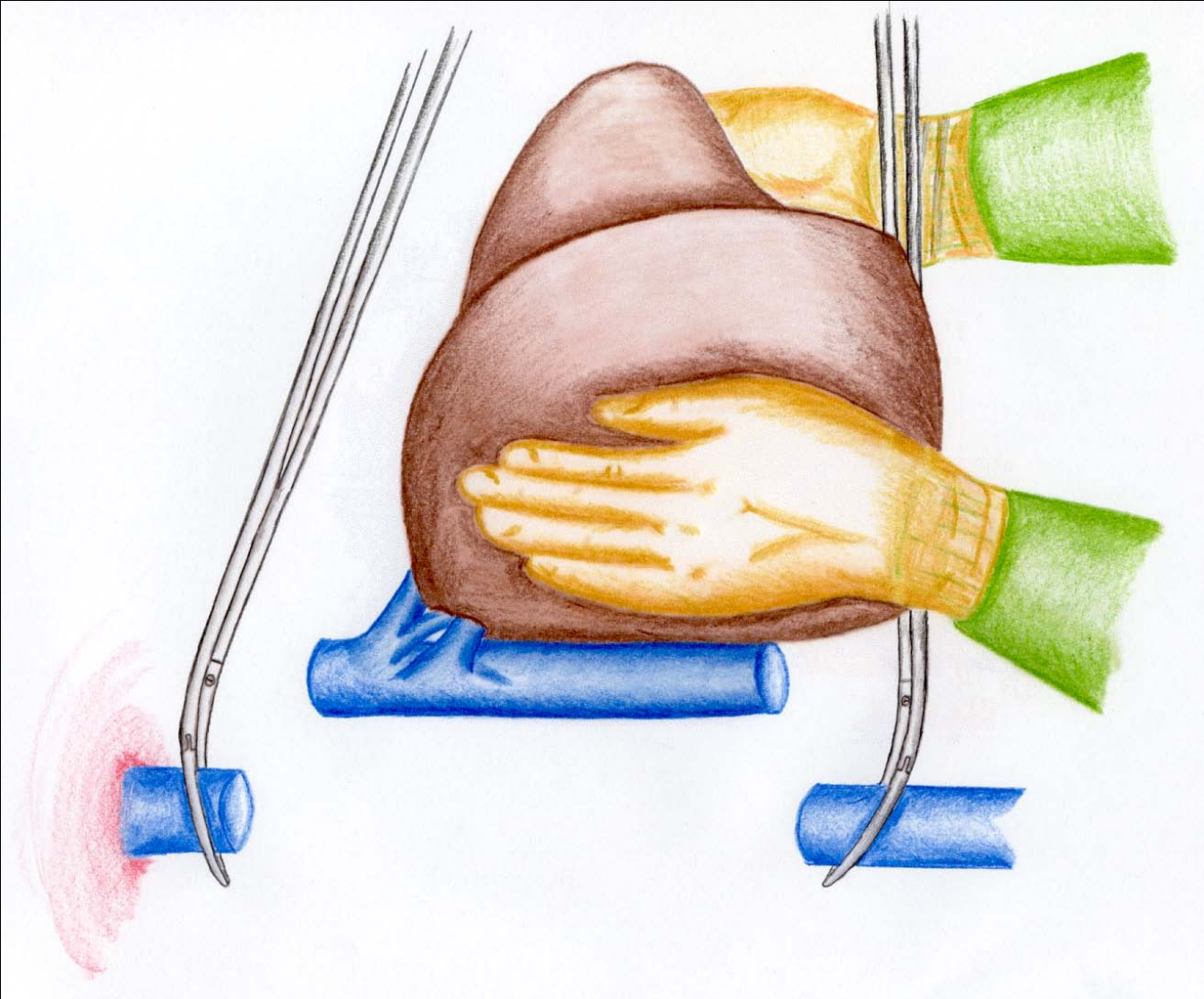
Liver Transplant with Caval Interposition



Caval interposition



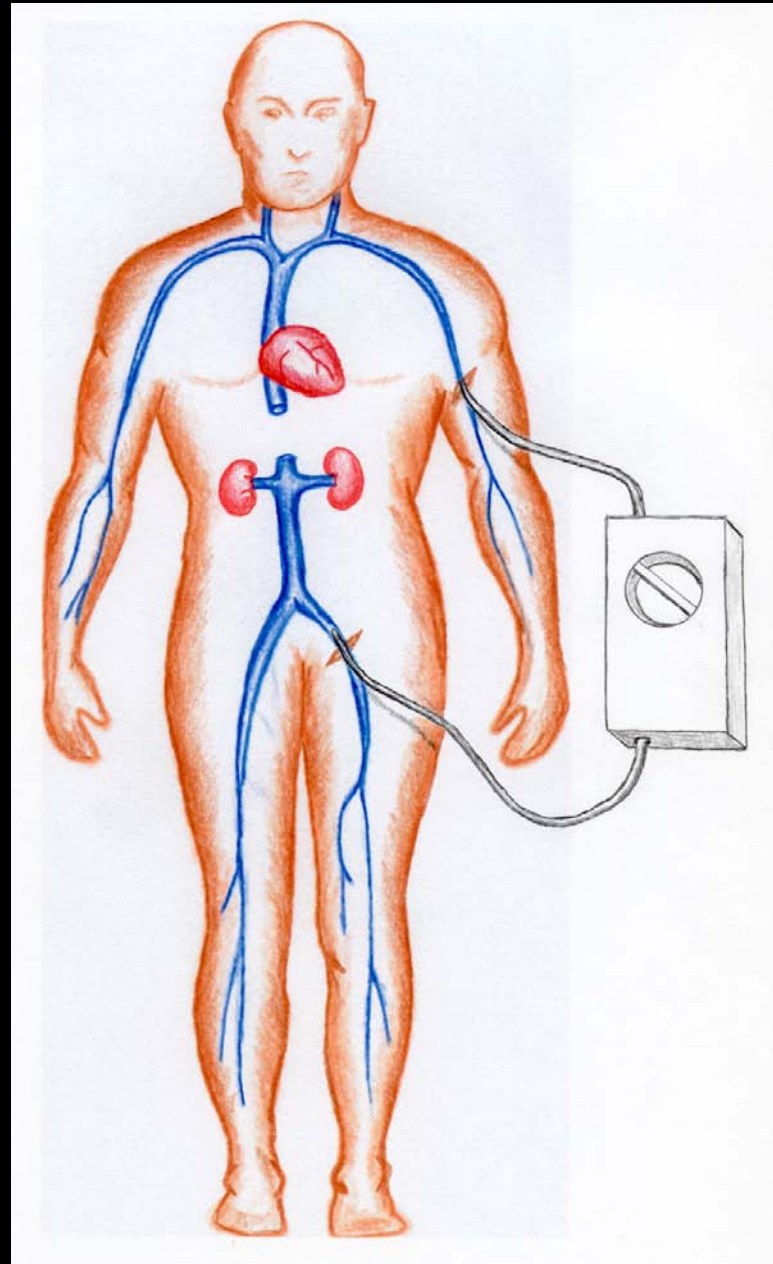
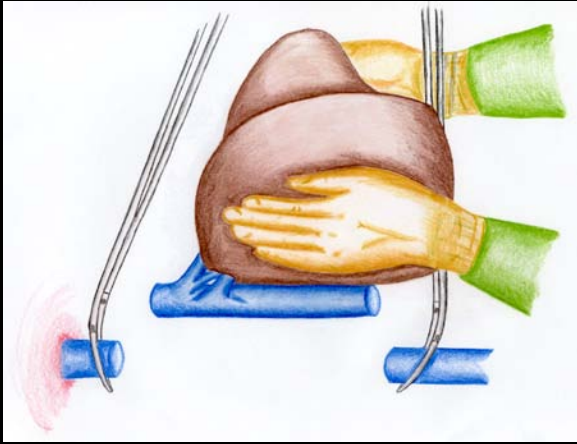
Removal of cirrhotic liver with cava



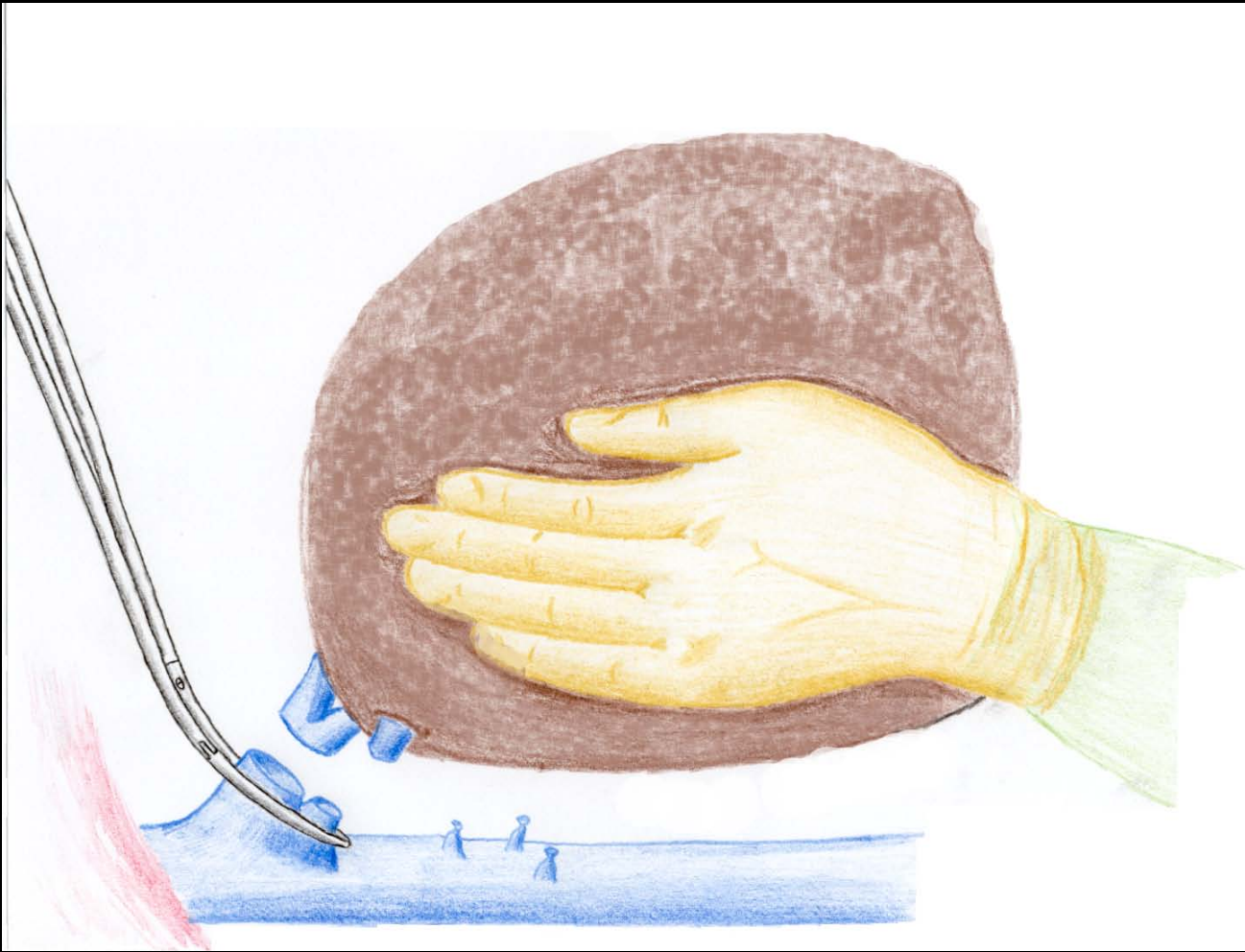
Donor allograft in place with cava



Veno-venous bypass



Removal of cirrhotic liver (piggyback technique)



Im: 58+C

DFOV 36.0cm
STND

R

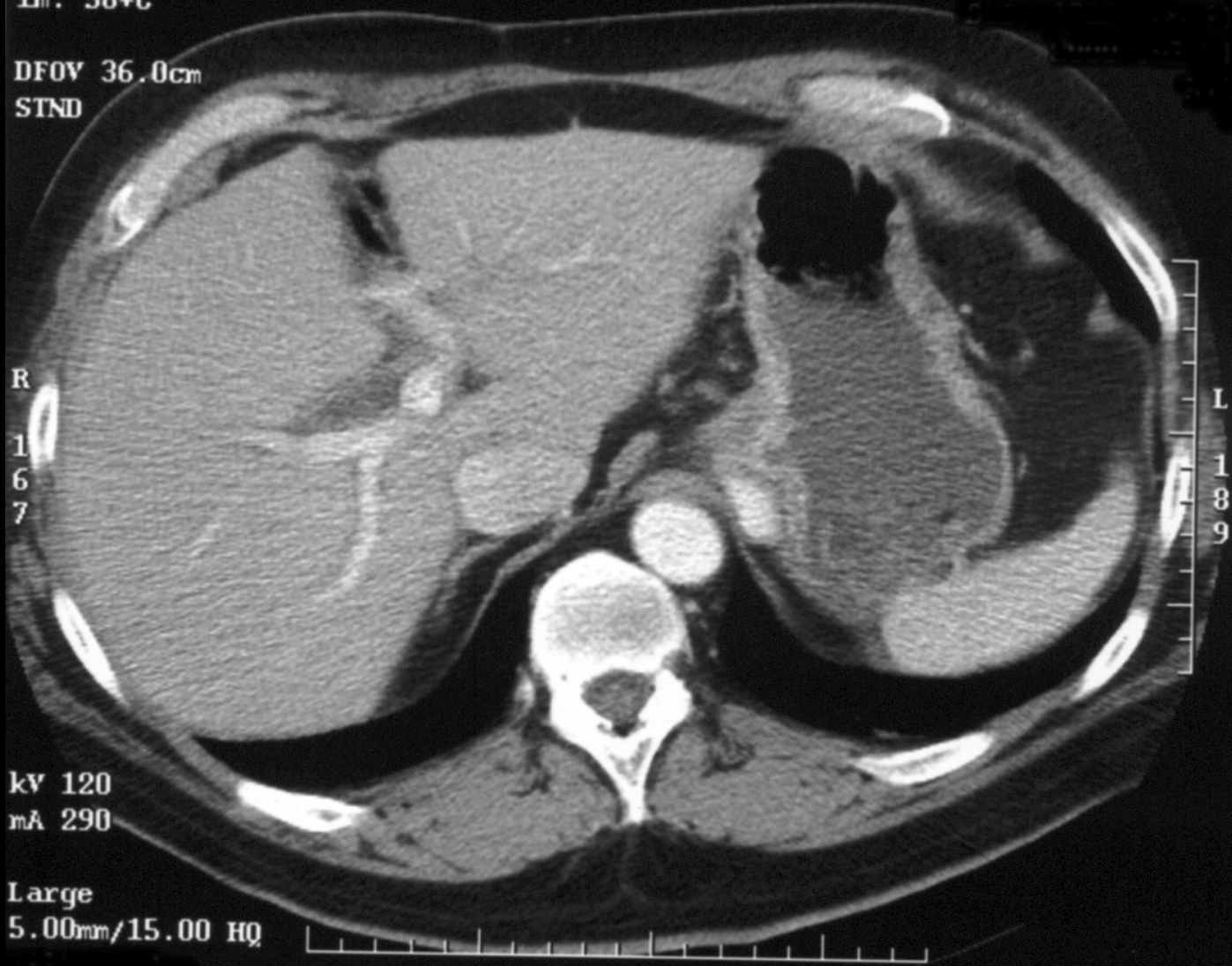
1
6
7

L

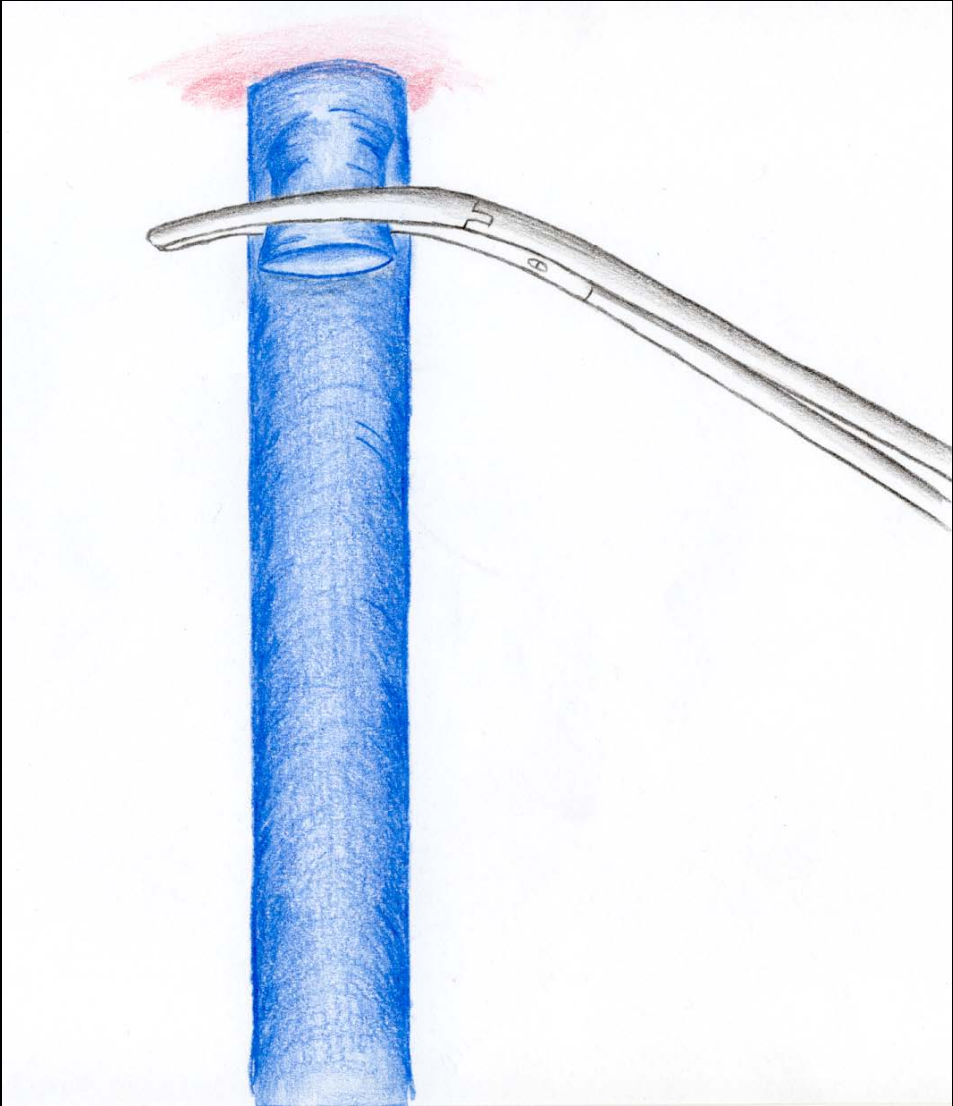
1
8
9

kV 120
mA 290

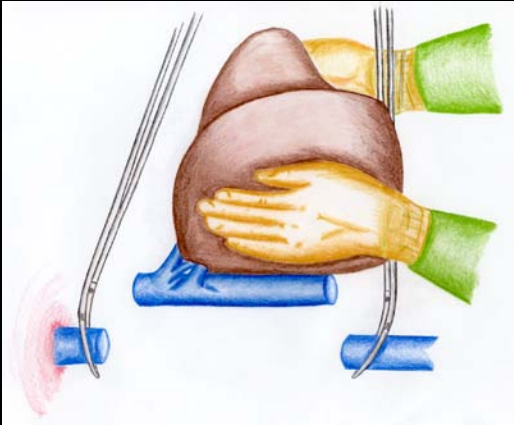
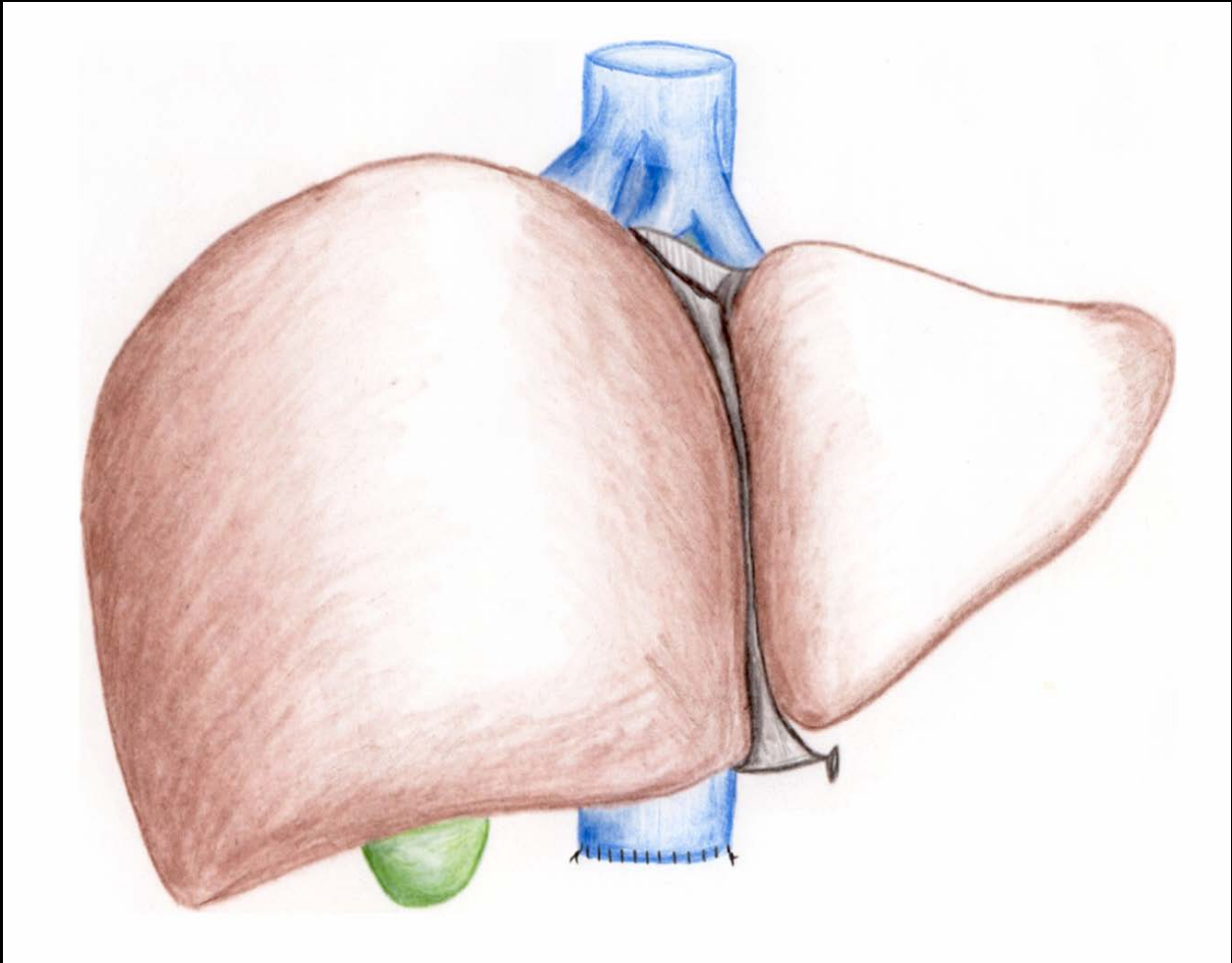
Large
5.00mm/15.00 HQ



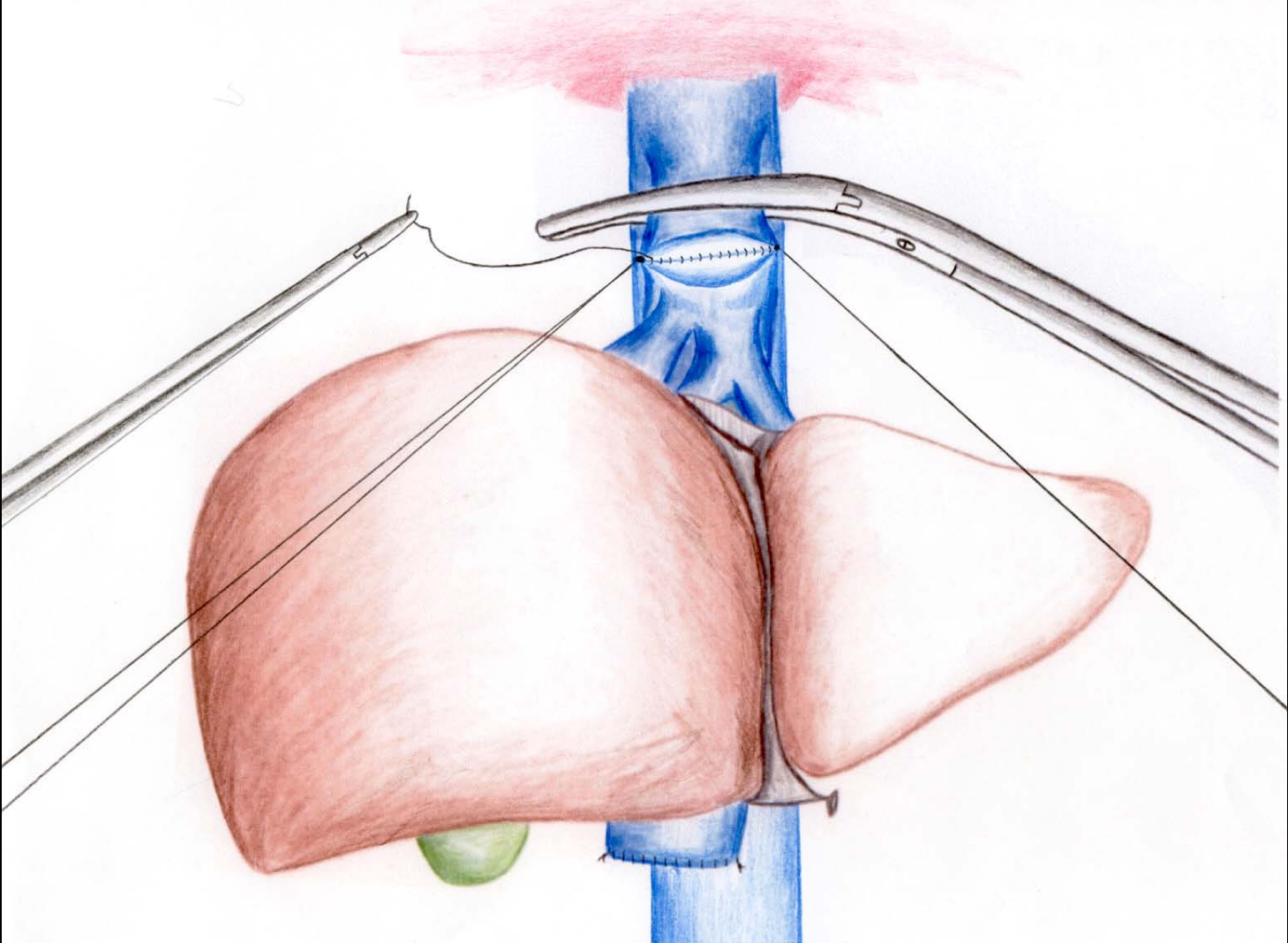
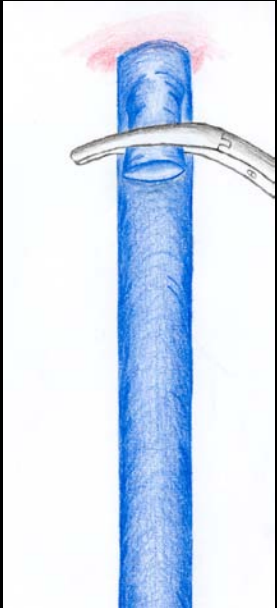
Hepatic veins prepared as single venous outflow tract



Donor cava with donor liver, distal cava oversewn



Anastomosis: donor suprahepatic cava to recipient hepatic veins





Portal vein anastomosis

