Case Report: Left Lobectomy Liver With a Near Total Gastrectomy for Uncontrollable Upper Gastrointestinal Bleeding

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SUMMARY

Hepatectomy is a major undertaking especially when undertaken for the unlikely emergency situation of uncontrollable hemorrhage from the stomach. This report pertains a 43 years old housewife presented with hemorrhagic shock due to uncontrollable bleeding from the stomach. She was found to have a non tender mass palpable in the epigastrium and left hypochondrium. She was resuscitated and operated urgently. A formal left lobectomy with near total gastrectomy was performed. Histopathology report showed a non-hodgkin’s lymphoma of intermediate to high grade malignancy of nodal origin. She is well at six weeks follow-up and is receiving chemotherapy (VAC) at present.

INTRODUCTION

Liver is a vital organ and is also known to show the remarkable phenomenon of regeneration that has been well recognized and extensively studied. Hepatectomy is a major undertaking and is reported for trauma in the emergency situation or both primary and secondary malignancy. Recently we undertook this procedure in an emergency situation for uncontrollable hemorrhage from the stomach. Case report is presented.

At 7 PM on 15-07-94 Mrs. R. H., a 43 years old housewife, resident of Lahore presented in the Casualty department with a H/O haemetemesis and melena for last 24 hours. Patient was resuscitated with colloids and crystalloids. For last 2 months, she was already being investigated on Outpatient basis for a suspicion of metastatic adenocarcinoma stomach with secondaries in the liver by the department of Gastroenterology at Shaikh Zayed Hospital, Lahore. She also had a past history of left mastectomy and axillary clearance for invasive lobular carcinoma on 20-08-1992 and was now receiving tamoxifen. On examination she was tachycardiac and a non tender mass was palpable in epigastrium and left hypochondrium in the abdomen. EGD examination showed a large friable, ulcerated nodular growth involving body and antrum with an overlying clot. Duodenum was normal. Patient was admitted and a call was sent for the department of Surgery. Resuscitation continued and she also received blood transfusions. Inspite of
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these measures she continued to bleed from the stomach and was persistently hypotensive. An urgent surgery was planned. Per operatively a large (12 x 10 x 10 cm) mass was found involving left lobe of liver and stomach. Coeliac and aortic nodes were also enlarged. Right lobe of the liver was found not to be involved. A formal left lobectomy with near total gastrectomy was performed. Continuity of the bowel was restored by a gastrojejunostomy with an enterointerostomy. Patient did well post operatively.

Histopathology reports received later turned out to be a non-hodgkin's lymphoma of intermediate to high grade malignancy of nodal origin. She was discharged on post-operative day 12 and is receiving chemotherapy (VAC). She remains well at 6 weeks follow-up.

REFERENCE


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Fig. 2: Posterior view: Resected specimen showing part of right lobe, the left lobe and stomach.