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CLINICAL IMAGE IN GASTROENTEROLOGY

Anatomic variation of the left hepatic artery^{*} Variante anatómica de la arteria hepática izquierda



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A 32-year-old woman suffered brain death due to a motor vehicle accident. Her family expressed their wishes to donate her organs. After the complete transplantation protocol was achieved, the patient was taken to the operating room for procuration, where she donated her liver, both kidneys, and both corneas.

Before introducing the donor liver into the receptor, the organ was carefully dissected, enabling a more

detailed anatomy of its vessels and the organ itself (figs. 1 and 2).

At dissection, the patient presented with a type 2 vascular anatomy, according to Couinaud's nomenclature. This variation has been reported in previous studies to be present in up to 10% of the population and it is defined as a left hepatic artery that arises from the left gastric artery instead of originating from the proper hepatic artery (fig. 3).

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Figure 1 Dissected inferior vena cava.

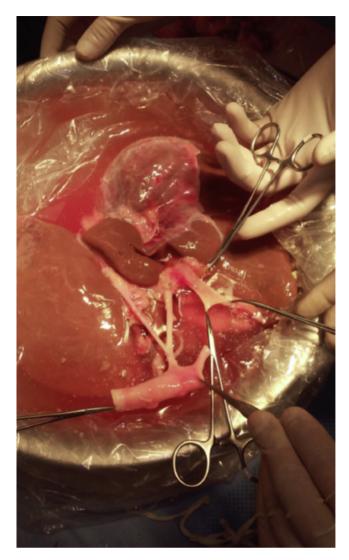


Figure 2 Dissected portal vein.

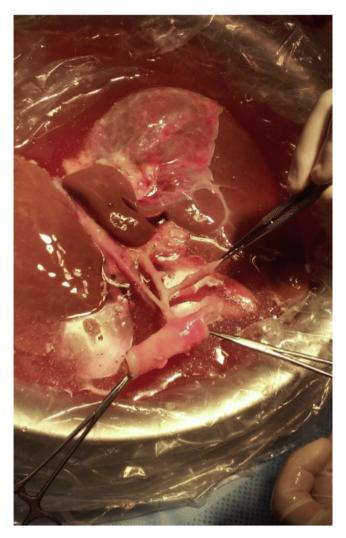


Figure 3 Celiac artery with its branches: splenic artery, left gastric artery, and proper hepatic artery. Notice that the left hepatic artery arises from the left gastric artery (type 2 vascular anatomy description from Couinaud's nomenclature).

Ethical responsibilities

Protection of persons and animals. The authors declare that no experiments were performed on humans or animals for this study.

Data confidentiality. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

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Conflict of interest

The authors declare that there is no conflict of interest.