

## Anatomic variations of hepatic artery in adult individual

Domingues, RJS.<sup>1,2</sup>, Miranda, RR.<sup>2</sup>, Corrêa, MV.<sup>2</sup>, Silva Jr., NR.<sup>2</sup>,  
Mascarenhas Jr., RW.<sup>2</sup> and Rosa, FWF.<sup>2</sup>

<sup>1</sup>Centro Universitário do Pará

<sup>2</sup>Universidade do Estado do Pará

The Amazon presents high endemicity of hepatitis C and D, which in some cases, may progress to cirrhosis, liver failure and death, and the liver transplant one of the forms of treatment. New techniques of hepatic segmentation are being developed with the goal of reaching the liver transplantation with the liver from live donors, which would reduce the waiting in queue for an organ transplant, thus reducing its mortality. With the development of bipartition technique of the liver was found that in 5% of cases, the liver transplant may not be realized due to anatomical variations, and the hepatic artery (HA) may present 25 to 40% of anatomical variations in its origin and branch. Used 12 pieces in monoblock containing esophagus, stomach, pancreas, abdominal aorta artery, liver and its vessels, of cadavers from the Legal Medicinal Institute of Center of Skills Scientific Renato Chaves, Belém-Pará removed by the technique of removal of liver to orthotopic transplant, followed by dissection of the HA since its origin to the hilum liver and cataloguing photographic. Results: HA was originated in celiac trunk in 91.7 and 8.3% of cases hepato-splenic trunk. The right gastric artery was directly originated from gastroduodenal artery in 8.3% of cases. The main anatomical variations of the common hepatic artery were: the presence in its origin, hepato-splenic trunk and right gastric artery as a branch of gastroduodenal artery.