

f the cystic artery in adult

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Abstract:

Knowledge of the variant vascular anatomy of the subhepatic region is important for hepatobiliary surgeons in limiting operative complications due to unexpected bleeding. The pattern of arterial blood supply of 102 gallbladders was studied by gross dissection. The cystic artery originated from the right hepatic artery in 92.2% of cases. The rest were aberrant and originated from the proper hepatic artery. Accessory arteries were observed to originate from proper hepatic artery (n = 5), left hepatic artery (n = 2), and right hepatic artery (n = 1). Most of the arteries approached the gallbladder in relation to the common hepatic duct (anterior 45.1%, posterior, 46.1%). The other vessels passed anterior to common bile duct (2.9%), posterior to common bile duct (3.9%), or were given off in Calot's triangle. Cystic arteries in this data set show wide variations in terms of relationship to the duct systems. In about one tenth of patients, an accessory cystic artery may need to be ligated or clipped during cholecystectomy