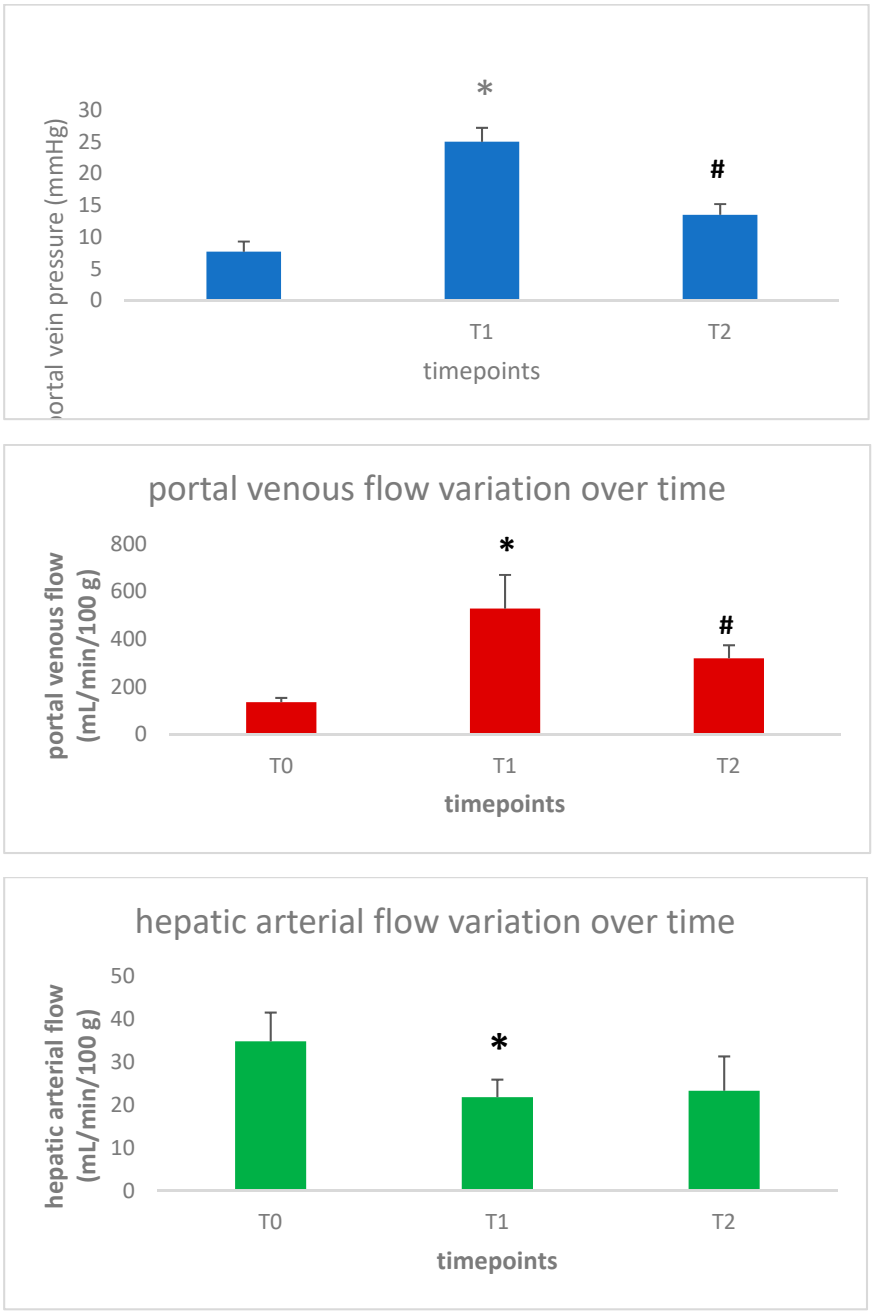
Highlights

- Major hepatectomies may end up to marginal liver remnants
- The mismatching of the remnant volume to the portal vein hemodynamics may end up to the “Small-for-Size Syndrome”
- Portal inflow modulation via splenic artery ligation is a technically simple technique
- It has emerged as an alternative approach to ameliorate the mismatching of the portal vein overflow to the sinusoidal section of the liver remnant
- It can prove useful in the context of major hepatectomies as well as in liver transplantations
- Early evaluation and modification of portal venous pressure post hepatectomy can be used as a practical tool to guide the effect of the intervention

Figure S1. PVP, PVF and HAF variation over time.



Changes of Portal Vein Pressure (PVP), Portal Vein Flow (PVF) and Hepatic Artery Flow (HAF) before liver resection (T_0), after reperfusion (T_1) and after splenic artery ligation (T_2). Data are depicted as mean (SD). *p<0.001 in comparison to T0; #p<0.001 in comparison to T1