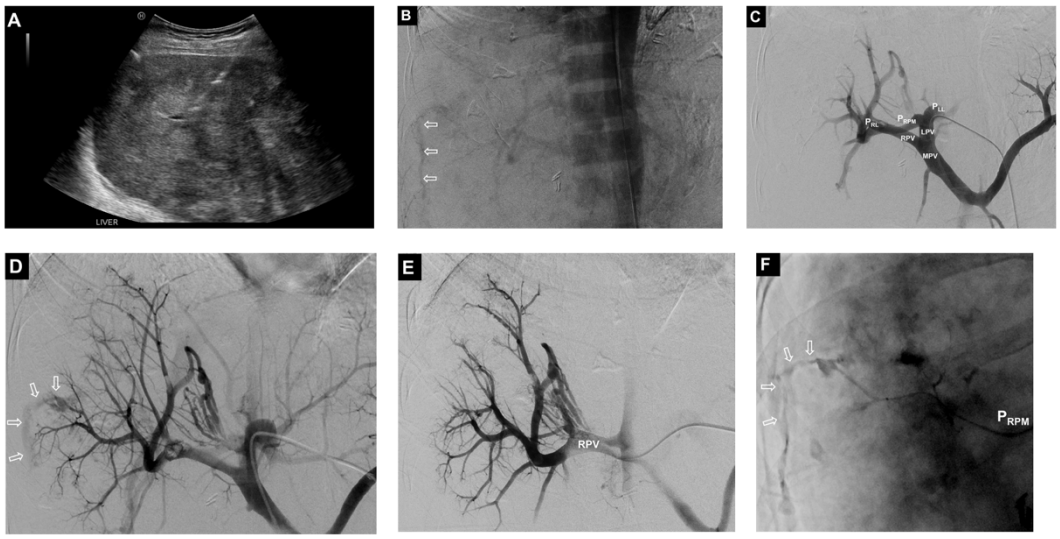
Supplementary material



Supplementary Figure 1 Ultrasound-guided liver biopsy, aortography, and digital subtraction portography of an 80-year-old woman who developed a hypovolemic shock after a liver biopsy. A: Ultrasound-guided liver biopsy. The patient's vital signs did not improve after transarterial embolization was performed in hepatic artery territory; B: Extravasation from portal vein (open arrows) is suspected on aortography; C: Digital subtraction portography of the main portal vein (MPV) revealing that the right paramedian portal pedicle (P_{RPM}) shared a trunk with the left lateral portal vein (P_{LL}) and that the right lateral portal pedicle (P_{RL}) independently originated from the MPV; D: Contrast extravasation (open arrows) was found during digital subtraction portography of the MPV; E: However, following superselection into the right portal vein, which was once considered the only portal venous branch that can supply the right hepatic lobe, no extravasation was observed; F: Bleeding point was finally located after the angiocatheter was placed in a branch that originated from the right paramedian portal pedicle, which shared a common trunk with the left lateral portal vein. The bleeding point was then embolized with *n*-butyl cyanoacrylate.

Permission for the Figures 3 and 4:

Is right-sided ligamentum teres hepatis always accompanied by left-sided gallbladder? Case reports and literature review

Author:

Hsuan-Yin Lin et al

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