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Huge Bilateral Intrahepatic Duct Stones And Recurrent Cholangitis

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Background : Hepatic resection is probably the best definitive treatment for unilateral hepatolithiasis. However, the role of hepatic resection for bilateral hepatolithiasis could be limited due to fear of post-operative hepatic failure. Herein, we describe the case of operating bilateral intrahepatic duct stone and residual intrahepatic duct stone causing repeated cholangitis

Methods : *case presentation & operation* A 73 year old female patient with no previous medical history, had been suffered epigastric pain and was diagnosed with numerous large stones in the common bile duct and both of intrahepatic bile duct. The operation was done and included removal of CBD stones, both IHD stones, lateral sectionectomy of liver and Roux-en-Y hepaticojejunostomy.

Results : *operation findings & postoperative course & radiologic findings* She discharged uneventfully at POD#12. However, after 2 months, she admitted due to fever and radiologic finding suggested cholangitis with intrahepatic duct stone. Conservative treatment including IV antibiotics, hydration, she was improved normally and discharged on HAD#4. After 9 months, readmitted due to cholangitis, although conservative Tx. was effective, PTCS or reoperation was considered.

Conclusions : The incidence of remnant or recurrent stones after bilateral IHD stone operation remains high. Interventions such as PTCS could be a solution. However, it is important to do appropriate parenchymal resection during the initial operation.

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