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## Hepaticojejunostomy Stricture With Stone After Pancreaticoduodenectomy: Two Case Reports

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**Background :** The early postoperative complications after pancreaticoduodenectomy(PD), such as delayed gastric emptying, pancreatic fistula, and surgical bleeding were well known, but late complications, such as biliary cholangitis were rarely reported. Incidence of the hepaticojejunostomy(HJ) stricture after PD is 2.6%. Majority of HJ stricture can be managed by using balloon dilatation with or without stent. Rare cases need redo HJ.

**Methods :** We experienced two cases of the stricture of the (HJ) after PD being managed with revision HJ in one and Percutaneous biliary drainage(PTBD) only in the other. First case: A 76-year old male patient admitted to surgical department due to fever and jaundice suggesting acute cholangitis. He had the history of pylorus preserving PD due to neuroendocrine tumor of the pancreas head 9 years ago. Blood pressure 144/75 mmHg, Pulse rate 74/min, Body temperature 37.9 C., Respiratory rate 20/min. WBC 136,000/uL, Hemoglobin 12.6 g/dl, Platelet 214000/uL, SGOT 249/uL, SGPT 324/uL, Alk-Phosphatase 2316 Iu/L, Gamma GTP 1301U/L, Bilirubin total 5.1 mg/dL, Bilirubin direct 4.6 mg/dL. Abdominal Computed Tomogram showed intrahepatic bile duct dilatation and a common hepatic duct stone. MRI showed same findings. Second case: A 60-year old male patient admitted to surgical department due to mild fever and jaundice suggesting acute cholangitis. He had the history of pylorus preserving PD due to IPMN with carcinoma of the head of the pancreas 8 years ago. Stable vital sign except body temperature 37.5 C. WBC is within normal limit. SGOT 187 /uL, SGPT 249.uL, Alk-Phosphatase 363 Iu/L, Gamma GTP 890 U/L, Bilirubin total 5.9 mg/dl, Bilirubin direct 4.8. mg/dl. Abdominal Computed Tomogram showed about 1.5 cm stone at choledochojejunostomy site with wall thickening and upstream dilatation of biliary tree suggesting cholangitis and stricture due to stone.

**Results :** A percutaneous intrahepatic biliary drainage was done. His vital signs and laboratory findings were stabilized. Interventionist had tried Balloon dilation of the HJ stricture site but failed removal of a stone in the hepatic duct So we successfully underwent redo HJ in first case. A percutaneous intrahepatic biliary drainage was done and stone passing spontaneously was noted in second case.

**Conclusions :** We report two cases of HJ stricture with cholangitis with stone after PD with surgical intervention after trying ballooning, and PTBD only.

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