



PO-001

Re-do Laparoscopic Common Bile Duct Exploration For Recurrent Choledocholithiasis

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Background : Recurrence of choledocholithiasis after laparoscopic common bile duct exploration (LCBDE) is relatively common. However, there has been no studies on the safety and feasibility of re-do LCBDE for the treatment of recurrent choledocholithiasis.

Methods : This single-center, retrospective study reviewed consecutive patients who underwent LCBDE for choledocholithiasis from January 2004 to December 2020. Patients with pancreatobiliary malignancy and those who underwent other surgical procedure were excluded.

Results : Of the 340 included patients, 45 (13.2%) had a recurrence after a mean follow-up period of 24.2 months. Of the 45 patients, 18 underwent re-do LCBDE, 20 underwent endoscopic intervention, 2 underwent radiologic intervention, and 5 underwent observation only. Comparing re-do LCBDE with initial LCBDE showed similar surgical outcomes, in terms of operation time (113.1 vs 107.5 minutes, $p = 0.515$), estimated blood loss (42.5 vs 49.1 mL, $p = 0.661$), open conversion rate (2.9 vs 0.0%, $p = 0.461$), postoperative complication (15.3 vs 22.2%, $p = 0.430$), and postoperative hospital stay (6.5 vs 6.4 days, $p = 0.921$). Comparing re-do LCBDE and non-surgical treatment (endoscopic or radiologic), there was no statistically significant differences in post-treatment complication (22.2 vs 13.6%, $p = 0.477$), hospital stay (6.4 vs 7.3 days, $p = 0.607$), and recurrence (50.0 vs 36.4%, $p = 0.385$). The clearance rate was higher in re-do LCBDE group than in non-surgical group with marginal significance (100.0 vs 81.8%, $p = 0.057$).

Conclusions : Re-do LCBDE for recurrent choledocholithiasis is a treatment option worth considering in selected patients compared to initial LCBDE and endoscopic or radiologic treatment.

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