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## Successful Treatment Of A Belated Biliary Stricture And Stones 7 Years After Living Donor Liver Transplantation

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**Background** : Biliary complications are one of the most common and intractable complications after living donor liver transplantation (LDLT). It could occur 20-30% after LDLT, even in experienced centers. The average time to biliary stricture is 3-8 months after LDLT, and 70-87% of the cases are identified within the first year following LDLT. However, we report a case of biliary stricture caused by intrahepatic duct (IHD) stones 7 years after LDLT.

**Methods** : A 65-year-old male patient, who underwent LDLT using the modified right graft 7 years ago due to recurrent hepatocellular carcinoma, was administrated due to acute cholangitis. Because of the suspected bile duct tumor thrombus, we performed hepaticojejunostomy for biliary reconstruction during the LDLT. A CT scan revealed that there were stones in the proximal portion of the anterior IHD of the graft. Interestingly, he had never experienced biliary complication after LDLT in the meantime, and no evidence of bile duct stones or biliary stricture was noted in the CT scan, which was performed just 1 month before this event.

**Results** : We performed percutaneous transhepatic biliary drainage (PTBD) to widen the bile duct step by step. A PTBD was inserted through the graft's right anterior sectoral duct (B5). There was stricture on the hepaticojejunostomy site, and filling defects were also found on B5. Since the bile duct was too narrow to remove stones immediately, balloon dilatation was performed after 2 weeks. The PTBD catheter was replaced with a larger diameter cath every few weeks to induce tract dilatation. Stone extraction was performed 4 weeks after the PTBD was initially inserted. A PTBD catheter was maintained for 2 months more with intermittent cholangiography to improve the HJ stricture. The catheter was removed 3 months after insertion without any special event.

**Conclusions** : Here, we report a rare case of a belated biliary stricture and resulting stones after LDLT with hepaticojejunostomy. Nevertheless, it was treated successfully through timely PTBD insertion and management.

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