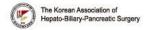
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The effect of Intraductal Transanastomotic Stent in Reducing Biliary Complication after Duct-to-Duct Biliary Reconstruction in Living Donor Liver Transplantation: Single center experience.

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Introduction: Despite of the innovations in surgical and postoperative surgical treatment of donors and recipients, biliary complication is still considered to be a technical "Achilles' heel" of living donor liver transplantation (LDLT) due to the high incidence, requiring long-term interventional treatment, and potential risk for graft failure. The purpose of this study was to evaluate the effect of intraductal transanastomotic stent in reducing biliary complications after LDLT.

Methods: From August 2015 to February 2020, 201 adult LDLTs using right liver were enrolled. The intraductal transanastomotic stent was a silicone tube of various diameters considering the duct size. Two hundred one patients were divided into non-stent group (n=101) and stent group (n=100). By dividing biliary complication into bile leakage and stricture, the risk factor and effect of stent were analyzed.

Results: In all patients with LDLT, biliary complications occurred in 54 (26.9%) patients and anastomosis site leakage occurred in 9 (9.5%) patients. Of the 201 patients, non-stent group was 101 (50.2%) patients and stent group was 100 (49.8%) patients. Anastomosis site leakage was higher in the non-stent group (n=15, 14.9%) than in the stent group (n=4, 4.0%, p=0.005). Biliary stricture was also higher in the non-stent group (n=30, 29.7%) than in the stent group (n=17, 17.0%, p=0.03)). In multivariate analysis, hepatic artery thrombosis (P<0.001) and intraductal stent (P=0.01)

Conclusions: Intraductal transanastomotic stent can reduces biliary complications including anastomosis leakage and stricture. Further large-scale analyses of clinical data or randomized controlled trial are required to support this study.

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