

**EP077****The effect of Intraductal Transanastomotic Stent in Reducing Biliary Complication after Duct-to-Duct Biliary Reconstruction in Living Donor Liver Transplantation: Single center experience.**

**Changho SEO**, Ho Joong CHOI\*, Sung Eun PARK, Joseph AHN, Tae Ho HONG, Young Kyoung YOU

*Surgery, Seoul St. Mary's Hospital, The Catholic University of Korea, Seoul, Korea*

**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 reduce biliary complications including anastomosis leakage and stricture. Further large-scale analyses of clinical data or randomized controlled trial are required to support this study.

Corresponding Author. : **Ho Joong CHOI** ( hopej0126@gmail.com )

Presenter : **Changho SEO** ( schjee17@gmail.com )