

BILIARY LEAKS AFTER LIVER TRANSPLANT: PREDICTING HEALING AND STRICTURE RISK THROUGH LEAK GRADE, TIMING AND STENT STRATEGY

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Poster

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In 34 liver transplant patients with biliary leaks managed by ERCP, leak grade and timing predicted healing and stricture development, with all strictures occurring exclusively in high-grade leaks.

KEY POINTS

- Overall healing rate was 94.1 percent, but strictures developed in 54.5 percent of patients, occurring exclusively in high-grade leaks (66.7 percent in early high-grade, 50–60 percent in late high-grade) and never in low-grade leaks regardless of timing.
- High-grade leaks were defined as visible before full biliary opacification and often required multiple ERCPs, while low-grade leaks were visible only after full opacification and typically healed after a single procedure.
- Shorter healing times were associated with presence of symptoms, use of 10 Fr versus 7 Fr stents, and ERCP intervals under one month, while multiple stents, pre-existing strictures, and early high-grade leaks were linked to prolonged healing.
- Early leaks had longer healing times than late leaks (21.1 versus 13.0 days), and cholangiographic leak grading may help stratify risk and guide management decisions in post-transplant biliary complications.

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