TRANSLUMINAL ANTEGRADE PIECEMEAL DILATION TECHNIQUE FOR HEPATICOJEJUNOSTOMY STRICTURE WITH CHOLANGIOSCOPIC EVALUATION

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A retrospective study of 19 patients evaluated transluminal antegrade piecemeal dilation technique (TAPD) using a drill dilator for treating hepaticojejunostomy stricture, finding a 78.9% technical success rate with no bleeding, perforation, or recurrence during follow-up.

KEY POINTS

- TAPD was attempted around 11 days after EUS-HGS in 19 patients with symptomatic hepaticojejunostomy stricture; guidewire passage was unsuccessful in 4 patients, yielding a technical success rate of 78.9%.
- Among the 15 patients in whom guidewire passage was achieved, TAPD was successful in all cases, with cholangioscopy identifying no bleeding or perforation in any patient.
- No recurrence of hepaticojejunostomy stricture was observed during the follow-up period in any patient who underwent TAPD.
- The authors conclude that TAPD appears technically feasible and safe, though randomized trials with long-term follow-up are needed to compare it with other methods.
- This material is most relevant to interventional endoscopists managing post-surgical biliary strictures.

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