BILIARY CIRRHOSIS SECONDARY TO ABDOMINAL TRAUMA IN A 14-YEAR-OLD MALE: AN UNCOMMON CLINICAL SCENARIO FOR LIVER TRANSPLANTATION

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A case report describes successful liver transplantation for secondary biliary cirrhosis following traumatic biliary injury in a 14-year-old patient who developed refractory anastomotic stricture after hepaticojejunostomy.

KEY POINTS

- The patient initially underwent Roux-en-Y hepaticojejunostomy after abdominal trauma and failed cholecystectomy, but developed obstructive jaundice, cirrhosis, and anastomotic stricture four years later despite percutaneous biliary drainage.
- Orthotopic liver transplant was performed at age 19 using piggy-back technique with continuous hepaticojejunostomy, resulting in asymptomatic status and markedly improved quality of life two years post-transplant.
- Biliary injury secondary to trauma is frequently associated with long-term complications, and some cases culminate in refractory stenosis with secondary biliary cirrhosis despite clinically successful initial treatment.
- Liver transplantation is rarely indicated for biliary trauma but may be the best therapeutic option in severe or intractable cases, though criteria for transplantation in secondary biliary cirrhosis are not well established.
- The authors suggest timely referral to tertiary centers is essential, and earlier referral for liver transplantation may be needed to improve outcomes in severe or complicated cases.

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