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Summary

TOTALLY RETROGRADE ENDOSCOPIC ACCESS TO TREAT COMPLETE POST-SURGICAL BILIARY DISCONNECTION

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UEG Week Copenhagen 2023 | Poster

Hepatobiliary

October 16, 2023

A retrospective study of 14 patients demonstrates that totally retrograde ERCP with fully-covered self-expandable metal stents achieved 100% technical and clinical success in re-establishing biliary continuity after complete surgical transection of the common bile duct.

KEY POINTS

- Between January 2018 and January 2022, 14 patients (6 male, 8 female, mean age 58 years) underwent ERCP after complete surgical transection of the common bile duct following cholecystectomy in 10 cases and major hepatectomy in 4 cases.
- The technique involved puncturing the proximal biliary stump using a hydrophilic guidewire from the distal stump and placing one to three fully-covered self-expandable metal stents across the transection, with access performed either totally blind in 7 cases or using EUS-transgastric approach in 7 cases.
- Technical success (re-establishment of biliary continuity) was achieved in all 14 patients, and clinical success (resolution of bile leak, removal of drainage, or avoidance of redo surgery) was obtained in all patients during three-month follow-up.
- No intraprocedural adverse events occurred; 13 patients had stents successfully removed, and one patient died from ischemic stroke complications with stents in place.
- The authors conclude this method requires experienced endoscopists skilled in both interventional EUS and ERCP and may be particularly useful for patients temporarily unfit for redo surgery.

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