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BILIARY TREE COMPLICATIONS AFTER OLTX ARE NOT PREVENTED EITHER BY INTRAOPERATIVE INSERTION OF ERCP STENT OR BY PRIMARY OR SECONDARY ROUX EN Y ANASTOMOSIS

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INTRODUCTION

ERCP and Roux en Y conversion are the primary modalities of correcting biliary tree complications after orthotopic liver transplantation.

PURPOSE

To investigate the outcomes of surgical and endoscopic interventions for biliary tree complications after orthotopic liver transplant.

METHODS

Of 497 patients who underwent OLTx, 398 and 99 underwent choledochocholedochostomy (CC) and Roux en Y (RY) respectively. Patient survival, graft survival censored for patient death, biliary tree re-operations, ERCP performance and findings, stent placement and re-admission rate were retrospectively analyzed.

RESULTS

62 patients underwent 73 biliary tree re-operations. 48 more patients underwent therapeutic ERCP alone (Table 1). The combined (n=110) lifetime post-transplant incidence of biliary complications (surgically and endoscopically treated) was 22.1%. The type of primary biliary anastomosis had no impact on the incidence of biliary complications ($p = .058$). The type of repair did not correlate with graft survival ($p = .417$). Insertion of stent correlated inveresly with survival ($p = .031$). The type of repair did not correlate with re-admission rate ($p = .186$).

Table1: Biliary tree complications according to location and intervention

	CC	RY	Both	ERCP alone	All
Extrahepatic	0	8	6	42	56
Intrahepatic	1	2	0	5	8
Undetermined	9	31	5	1	46
Total	10 (9.1%)	41 (37.3%)	11 (10%)	48 (43.6%)	110

CONCLUSIONS

Biliary tree complications after orthotopic liver transplant are not prevented either by intraoperative insertion of ERCP stent or by primary or secondary Roux en Y anastomosis.