

Anastomotic and non anastomotic biliary stricture

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A 63-year-old female patient with a history of bile duct surgical injury 10 years ago presented at our department for recurrent liver abscesses over the past 2 years that began in the right segments and recently in segment 3. In addition, the Hepatic triphasic magnetic resonance imaging (MRI) showed atrophy of the right posterolateral segments and a minor flow in the right portal vein.

After the percutaneous treatment of the pyogenic liver abscesses, due to the suspicion of an abscessed liver tumor, laparoscopic atypical hepatectomy was performed after a multidisciplinary meeting. During surgical

approach a bilioenteric anastomosis was observed. The patient evolved with a biliary fistula requiring percutaneous treatment consisting in percutaneous drainage of the biloma and percutaneous transhepatic biliary drainage (PTBD). After percutaneous transhepatic cholangiography (PTC), we observed that it was an anomalous biliary diameter (with inversion of those size), intrahepatic sectorial strictures (ischemic cholangiopathy) and a bilioenteric anastomosis stricture. (Fig 1) The study was completed with a liver biopsy that did not show fibrosis, and with hepatic arteriography that showed a

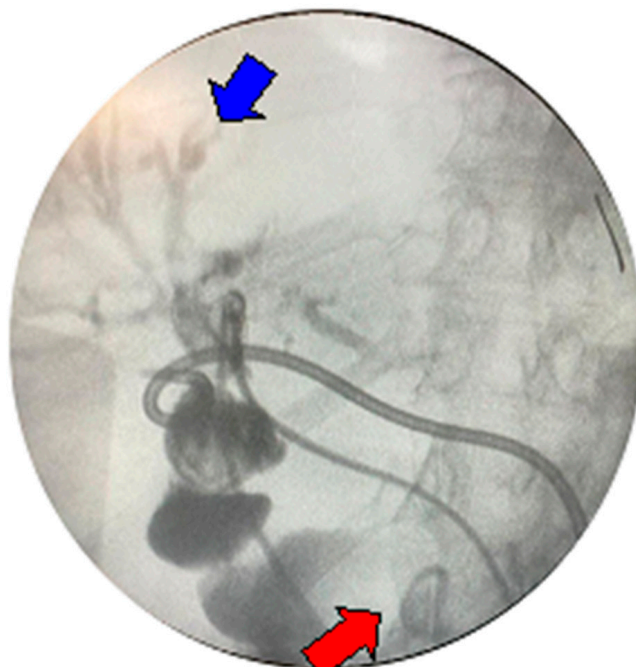


Figure 1. Percutaneous transhepatic biliary drainage. The figure shows the previous catheter placed (red arrow) into the fluid collection (biloma) associated with anomalous diameter (blue arrow) of the intrahepatic biliary tree (inverted) and sectorial strictures (non anastomotic stricture)

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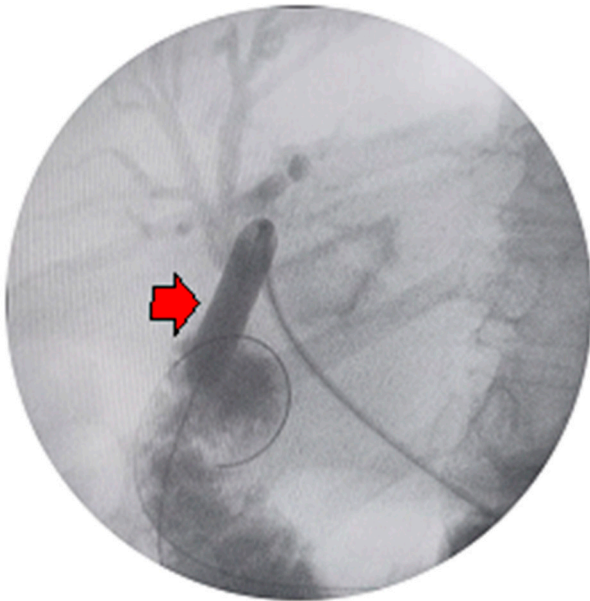


Figure 2. Hepatic arteriography. The figure shows a hyperemic right hepatic artery.

complete artery with hyperemia and branching of the right hepatic artery. (Fig 2).

Subsequently, the anastomotic stricture was treated with 3 sessions of percutaneous balloon dilation bilioplasty. (Fig 3). At 1 year of follow-up the patient has no evidence of anastomosis re-stricture, nor the presence of new abscesses or cholangitis.

Conflicts of interest: the author declares that he has no conflicts of interest.

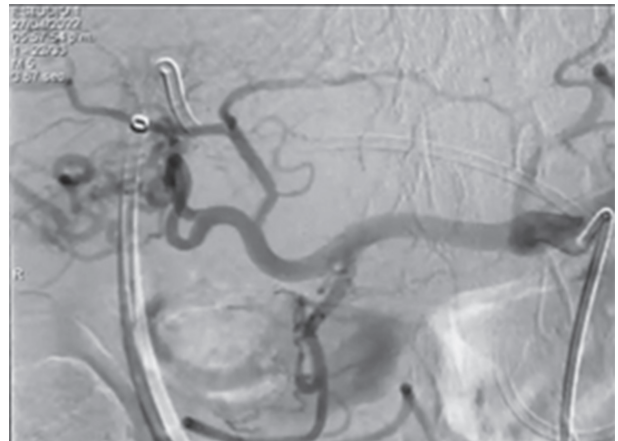


Figure 3. Percutaneous biliary balloon dilation. This figure shows the presence of the percutaneous balloon (red arrow) through the anastomotic stricture.

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