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Incidence Of Vascular Injuries In Post-cholecystectomy Bile Duct Stricture And Impact On Long-term Outcomes: Prospective Study With Magnetic Resonance Angiography

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Background : The impact of concomitant vascular injury on the outcome of post-cholecystectomy benign biliary stricture (BBS) repair is controversial with studies both in favor and against. In this study we tried to find out the incidence of a concomitant vascular biliary injury (VBI) and their impact on the long term outcomes.

Methods : All consecutive patients with BBS during the period December 2012 to May 2015 were included. Magnetic resonance angiography (MRA) with MRCP was done prior to repair in all patients. Long-term outcomes were analysed on basis of McDonald grading.

Results : 36 patients were included in the study. Median age was 36 (15-70) years and 28 (78%) were females. 10 patients (28%) had prior failed repair. Vascular injury was present in 22 (61%) and all had right hepatic artery (RHA) injury. Laparoscopic cholecystectomy was performed in 18 patients (82%). Additionally right portal vein injury was present in one patient. RHA injury was noted in 5 (50%) patients with prior failed repair. 23 (64%) patients had high strictures (Bismuth Type ≥ 3). 34 patients underwent Roux en Y hepaticojejunostomy (RYHJ). Median blood loss was 300ml (range 50-950) and five (14%) received intraoperative blood transfusion. Median duration of surgery was 5 hours (range 2-9). Post-operative complications were present in 13 (36%) patients. At median follow up of 42 months (24 – 60), there were 8 failures, presenting with recurrent cholangitis and deranged liver function (Success= 76%). Of these, 1 patient required right hepatectomy. Failed previous repair and secondary biliary cirrhosis were significantly associated with failure.

Conclusions : Concomitant vascular injuries are found in considerable number of patients with bile duct injuries. Though they do not present any additional difficulty in repair, their presence has significant impact on long-term outcomes, hence MR angiography is a good adjunct in planning management of these patients.

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