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Effect of internal stent insertion in duct-to-duct biliary reconstruction to reduce bile duct complication in living donor liver transplantation

Ho Joong CHOI¹, Tae Yun LEE¹, Joseph AHN¹, Bong Jun KWAK¹, Gun Hyung NA², Tae Ho HONG¹, Young Kyoung YOU¹

¹*Surgery, Seoul St. Mary's hospital, The Catholic University of Korea, Korea*

²*Surgery, Bucheon St. Mary's hospital, The Catholic University of Korea, Korea*

Introduction : Biliary complication is still considered to be a technical "Achilles' heel" of living donor liver transplantation (LDLT) due to the high incidence, requiring long-term interventional treatment, and potential risk for graft failure. The purpose of this study was to evaluate the effectiveness of internal stent for duct-to-duct anastomosis in LDLT.

Methods : From December 2016 to October 2018, LDLT was performed in 91 patients in our center. Duct-to-duct anastomosis was performed in all LDLT patients. Ninety-one patients were divided into non-stent group and stent group according to presence or absence of internal stent. Biliary complications were diagnosed as anastomosis leakage and anastomosis stricture when interventional treatment was required.

Results : Biliary complications occurred in 20 (22.0%) patients and anastomosis site leakage occurred in 5 (5.5%) patients. Of the 91 patients, non-stent group was 48 (52.7%) patients and stent group was 43 (47.3%) patients. Anastomosis site leakage was higher in the non-stent group (n=4, 8.3%) than in the stent group (n=1, 2.3%), although there was no statistical difference (p=0.21). Biliary complications were also higher in the non-stent group (n=14, 29.2%) than in the stent group (n=6, 14.0%), although there was no statistical difference (p=0.08). In univariate analysis, the operation time was longer in the biliary complications group (p = 0.04).

Conclusions : Although there was no statistically significant difference due to small case number, when internal stent was inserted, biliary complications including anastomosis leakage were reduced compared to no insertion. Further large-scale analyses of clinical data are required to support this study.

Corresponding Author. : **Ho Joong CHOI** (hopej0126@gmail.com)