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latrogenic Bile Duct Injury Associated with Anomalies of Isolated Right Anterior Segmental Hepatic Duct Injury Following Laparoscopic Cholecystectomy: A rare case report

Hyuk Jai JANG, Cheon Soo PARK

Surgery, Ulsan University, Gangneung Asan Hospital, Korea

Introduction: Bile duct injuries remain one of the most devastating complications of both open and laparoscopic cholecystectomy(LC). Bile duct injury with LC has often been attributed to surgical inexperience, but it is also clear that aberrant bile ducts are present in a significant number of patients who sustain biliary injuries during these procedures.

Methods: We presented a patient with iatrogenic bile duct Injury associated with anomalies of isolated right anterior segmental hepatic duct Injury following laparoscopic cholecystectomy.

Results: (CASE REPORT) The anormaly of the right anterior hepatic duct was unexpectedly identified in an old woman following laparoscopic cholecystectomy. Anormalies of Bile duct located in the right anterior hepatic duct to cystic duct. This duct was 3mm sized and clipped. Patient had a bile duct injury and subsequent bile leak. Treatments included endoscopic retrograde cholangiopancreatography (ERCP), and percutaneous drainage for 2 months. The patient was treated successfully by nonsurgical procedures after 2 months.

Conclusions: This unusual anatomical variation of the biliary tract is mainly discovered during the operation. Thus, surgical injury of these ducts is inevitable and it provokes the severe complication of bile leak. Anormaly of bile ducts are associated with a high risk of surgical bile duct injury. Meticulous operative technique combined with surgeons' awareness concerning this peculiar anatomical aberration leads to a safe laparoscopic cholecystectomy. Successful management requires adequate identification of the lesion, and multidisciplinary treatment is necessary. Some of patients could be treated successfully by nonsurgical procedures.

Corresponding Author.: **Hyuk Jai JANG** (jhj@gnah.co.kr)