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BENIGN BILIARY STRICTURE : A CASE SERIES

Gastroenterology

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ABSTRACT

Benign biliary strictures are commonly caused by iatrogenic bile duct injury during cholecystectomy. In this case series 16 patients who were subjected to laparoscopic/ open cholecystectomy elsewhere and later developed jaundice or biliary fistula were referred to our centre for management of biliary stricture.

KEYWORDS

MATERIALS AND METHODS

16 patients(14 post laparoscopic cholecystectomy and 2 post open cholecystectomy with primary biliary repair) with biliary stricture were subjected to laparotomy and hepaticojejunostomy, and followed up to detect recurrent stricture and post operative complications

RESULTS AND CONCLUSIONS

No. Of cases: 16
Males : 1
Females : 15
Age group: 38-53 years of age
Average Age: 44.4years

All the 16 patients had undergone cholecystectomy(14 post laparoscopic cholecystectomy and 2 post open cholecystectomy with primary biliary repair) as (index procedure) for cholelithiasis and later developed biliary stricture

Clincial Presentation:

- 12 Patients presented with jaundice and 4 patients were referred with biliary fistula in the postoperative period.
- Of the 4 patients with fistula, one had uncontrolled fistula, for which laparotomy was done, peritoneal lavage given and a drain was kept to convert the fistula into a controlled one.
- Of these 4 patients, one patient had persistent fistula even after three months post the index procedure with gross weight loss.
- The remaining three patients recovered well, fistula healed but developed biliary stricture and jaundice over an average period of one to three months.
- Average Bilirubin level: 3mg%-9mg%
- Average diameter of the bile duct:
- <1.5cm in 15 patients
- 1.5cm-3cm in one patient
- Bismuth Type 1: 1 patient who had underwent CDD during the first surgery peroperatively managed during the index procedure.
- Bismuth Type 2: 12 patients
- Bismuth Type 3: 2 patients
- Bismuth Type 4: 1 patient
- 2 of the 16 patients had stasis stones
- 2nd repair was done for two patients.
- One patient had earlier undergone choledochodudenostomy for bile duct injury during the index surgery, who developed stricture 11 years later.
- One patient underwent hepaticojejunostomy 3 days after the index procedure, who developed recurrent stricture 5 years later (Bismuth Type 4 injury)
- All patients underwent hepaticojejunostomy.
- Bismuth Type 4 underwent hepaticojejunostomy for both the ducts.
- Type 4 stricture patient was followed up for the past three years and there has been no episode of recurrent stricture clinically, radiologically or biochemically.
- All patients were followed up. Median follow up: 3 months to 10 years.
- There was no recurrence (stricture) and there were no post operative complications.

List of figures:

1. Sex ratio
2. Clinical presentation : jaundice vs fistula
3. Controlled fistulae vs uncontrolled fistulae
4. Bismuth classification
5. First repair vs second repair

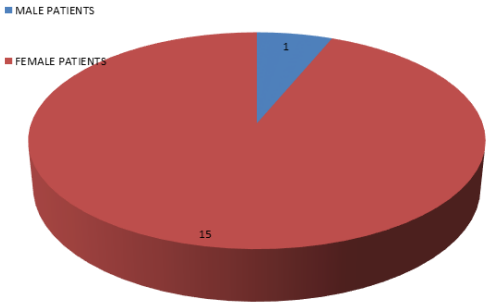


Figure 1.SEX RATIO OF CASES

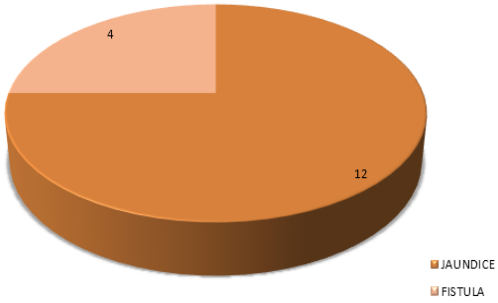


Figure 2. CLINICAL PRESENTATION : JAUNDICE vs.FISTULA

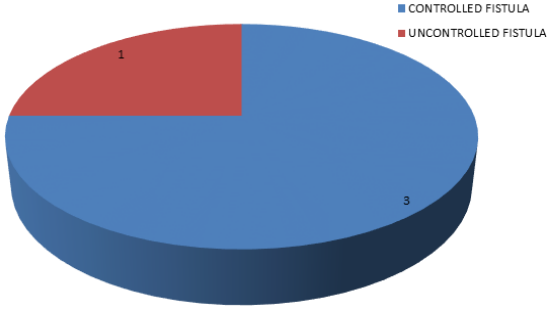


Figure 3. CONTROLLED vs. UNCONTROLLED FISTULAS

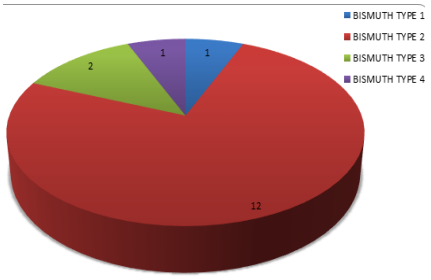


Figure 4. BISMUTH CLASSIFICATION

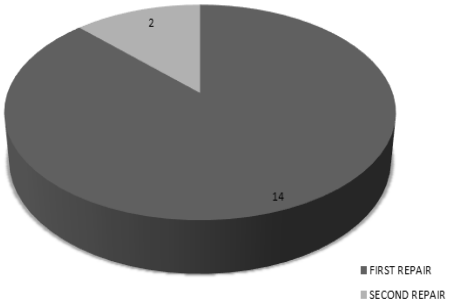


Figure 5. FIRST REPAIR AND SECOND REPAIR