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Management of liver transplantation biliary stricture - results from a tertiary hospital

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Abstract

Anastomotic stricture is well known complication of orthotopic liver transplant (OLT). This paper summarizes the results of endoscopic treatment for anastomotic biliary strictures after deceased OLT in a tertiary center during an 8-year period and review the literature with future therapy considerations. This is a retrospective review of all ERCPs performed between May 2006 and June 2014 in deceased OLT recipients with anastomotic stricture at a tertiary care hospital. The primary outcome was anastomotic stricture resolution rate. Secondary outcomes were technical success rate, number of ERCPs required per patient, number of stents placed, stent indwelling, stricture recurrence rate and therapy for recurrent AS. A total of 195 post-OLT patients were assessed for eligibility. One hundred sixty four (164) patients were diagnosed with anastomotic biliary stricture. ERCP was successfully performed in 157 (95.7%) patients that were treated with either plastic or metallic biliary stents and divided into 2 groups: covered metal stents (n=48) or multiple plastic stents (n=109) for further comparison. Mean treatment duration, number of procedures and stents required were lower in the metal stent group. Acute pancreatitis was the most common procedure related complication, occurring in 17.1% in the covered self-expandable metal stents (cSEMS) and

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