Intracavity rendezvous procedure

Biliary complications are common after liver transplantation, and the vast majority of these can be managed endoscopically [1, 2]. We describe a case of a spontaneous bile leak after liver transplantation which eventually required an extra-ductal rendezvous to re-establish recipient and donor bile duct continuity.

A 47-year-old woman underwent liver transplantation (donation after brain death, duct-to-duct anastomosis) for end-stage liver cirrhosis. Two weeks after transplantation she was diagnosed with a bile leak (►Fig. 1). The patient initially had two endoscopic retrograde cholangiopancreatograms performed and both demonstrated a bile leak at the level of the biliary anastomosis. On both occasions it proved impossible to pass a guidewire into the donor duct (►Fig. 2). A percutaneous transhepatic cholangiogram was performed, but the recipient duct could not be accessed (►Fig. 3).

A rendezvous procedure was undertaken. Endoscopically, a guidewire (450 cm, 0.018 inch; Terumo, Tokyo, Japan) was passed into the biloma. The guidewire was then snared with an Amplatz Goose Neck loop snare (6 Fr, 15 mm; ev3 Inc. Plymouth, Maine, USA) to establish access across the leak (►Fig. 4; ►Video 1). The Terumo wire was then exchanged for a VisiGlide wire (450 cm, 0.025 inch; Olympus, USA). The donor:recipient duct anastomotic site was dilated with a dilatation balloon (6 mm, 4 cm; Hurricane RX, Boston Scientific, USA) before a fully covered self-expanding metal stent (8 mm, 4 cm; Kaffes stent, Taewoong Medical, Japan) was inserted over the guidewire across the anastomosis. Further contrast injection through the percutaneous route did not demonstrate a bile leak (►Fig. 5). The patient was discharged home 2 days later without any complications.
An intracavity rendezvous procedure is a viable management solution in cases where endoscopic retrograde cholangiopancreatography and the percutaneous transhepatic approach have failed to resolve a bile leak after liver transplantation. A novel fully covered self-expanding metal stent (Kaffes stent) can be used to bridge the anastomotic area between the donor and the recipient duct.

Competing interests

The authors declare that they have no conflict of interest.

References


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