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OUTCOME OF SUBCUTANEOUS LOOP IN BILIODIGESTIVE ANASTOMOSIS

VICENTE CARRILLO-MACIEL, M.D. M.C.
PHD

FELLOW JAPAN SURGICAL SOCIETY

AUTHORS

- Vicente Carrillo-Maciel¹, Vicente A. Carrillo-Acosta¹, Alma L. Acosta-Saludado¹, Félix G. Estrada A.¹, Samuel Ramos-Linaje², Jorge Garza³, Yuri Rodríguez³

1 Surgical Department, Autonomous Coahuila University, México

2 Hospital San José, Monclova, México

3 Hospital Ángeles, Puebla, México

OBJECTIVE

Clinical presentation at admission at the hospital.

Outcome of the subcutaneous loop in patients with stricture bilioenteric anastomosis.

BACKGROUND

The first planned cholecystectomy in the late s. XIX, June 15, 1882, by Dr. Carl Langenbuch (1846-1901). There was a possibility of biliary duct injury. In 1897 Dr. Roux made anastomoses "Y" de Roux, The first repair the bile ducts are reported by Dr. Mayo in 1905.

Dr Bismuth Classification of bile duct injuries:

- 1.- Injury over 2 cm. the carina,
- 2.- Lesion less than 2 cm. the carina,
- 3.- Injury to the level of the carina,
- 4.- Carina destroyed and
- 5.- Hepatic duct injury and aberrant hepatic duct.

METHODS

- We reviewed 100 cases with bile duct injuries in the past 20 years. They were divided in two groups: Group 1 with 79 patients, traditional reconstruction with bilioenteric anastomosis Roux-en-Y and Group 2, 21 patients with subcutaneous loop

RESULTS

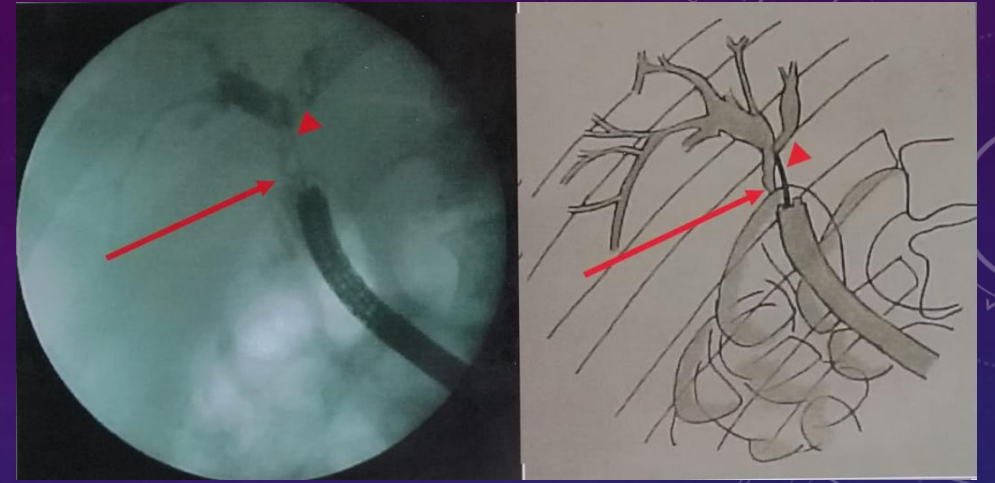
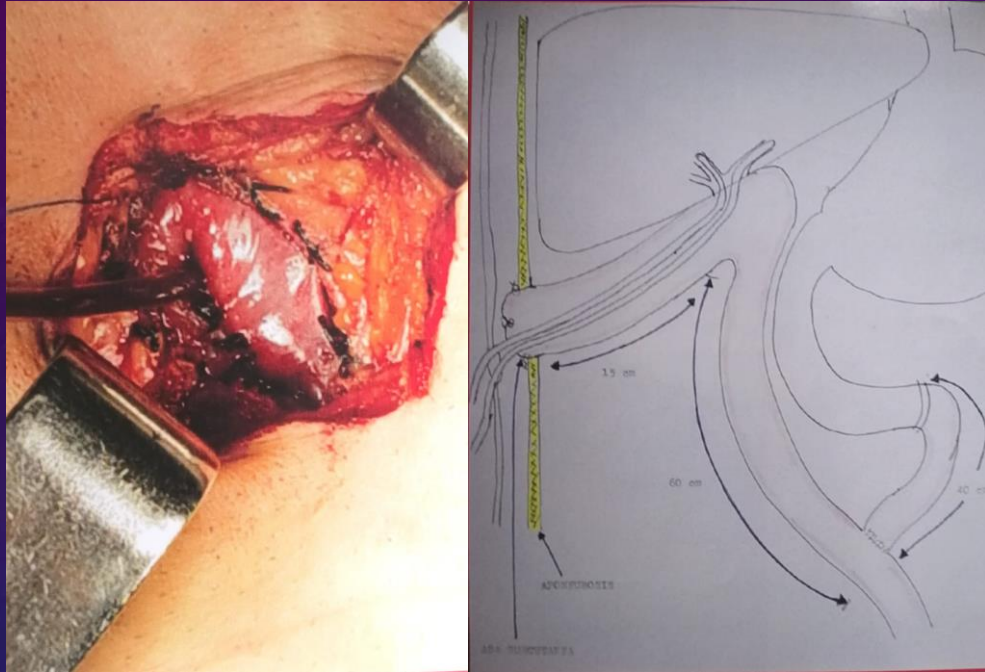
Clinical Presentation at Admission	Group 1	Group 2	P Value
Jaundice	75%	86%	0.372
Acholia	72%	86%	0.251
Choluria	76%	86%	0.372
Fever	24%	6%	0.138
Fistula	27%	13%	0.081
Pain	46%	33%	0.370

We did not find any differences between two groups.

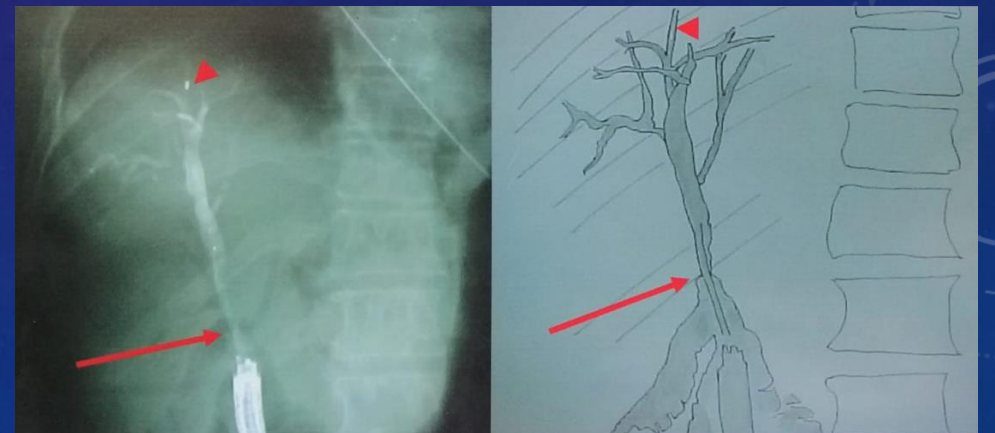
Group 1 (%)	Types of Lesion	Group 2 (%)
30		20
40		47
25		13
3		20
0		0
98		100

OUTCOMES TWO YEARS AFTER SURGERY

Group 1	Outcome	Group 2
77%	Excellent	79%
14%	Good	7%
7%	Regular	0%
0%	Bad	20% (Stricture)



Hydrostatic balloon dilatation through subcutaneous loop.



Hydrostatic balloon dilatation through subcutaneous loop.

CONCLUSION

- We do not find difference between Group 1 and Group 2 in admission antecedents.
- Outcomes two years after surgery was Excellent in group 1 77% and in group 2 79%
- In group 1 there were no stenosis and in group 2 there were three stenosis of billioenteric anastomosis. Those were resolved with endoscopic hydrostatic dilatation and stenting.