

PTBD can be the successful rescue procedure in failed cases with endoscopic therapy for post-LDLT biliary stricture

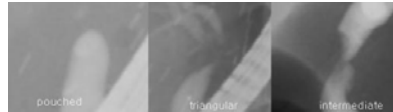
1. Internal Medicine, Yonsei University College of Medicine, Yongdong Severance Hospital, Seoul, South Korea.

*Kim Eak Seong, MD¹, Lee · Dong Ki, MD¹

Background : Biliary stricture is one of the most important complication after living donor liver transplantation (LDLT), but a standard non-operative treatment remains to be established. Design: A total of 60 patients were referred for management of post-LDLT biliary stricture between July 2004 and July 2007. They underwent ERCP at first. If the ERCP failed, percutaneous transhepatic drainage(PTBD) was performed to dilate the stricture. **Results :** ERCP was performed for all 60 patients, and 38(63%) of them were successfully treated by endoscopy. When the shape of distal side of bile duct anastomosis was classified into 3 categories (pouched, triangular, intermediate) in our experience, pouched shape is the lowest in success of endoscopic therapy ($p<0.01$). Fifteen of 22 patients with failed endoscopic therapy were converted to percutaneous intervention. Thirteen of the 15 patients were successfully managed by the PTBD **Conclusions :** Endoscopic therapy is the feasible first-modality in the treatment of post-LDLT biliary stricture, and in failed cases, especially in pouched type, percutaneous approach can be deliberated.

Table1. Success rate of ERCP according to anastomosis shape

Anastomosis shape	ERCP		Total	p-value
	success	failure		
triangular	9(90%)	1(10%)	10	0.001
intermediate	25(73%)	9(27%)	34	
pouched	4(25%)	12(75%)	16	
total	38	22	60	



Billroth II 위절제술을 시행한 환자들에서 회전 절개도를 이용한 내시경적 역행성 담췌관조영술 및 내시경적 유두괄약근 절개술 4례

포천중문의과대학교 내과학교실

*김용훈 · 권창일 · 김대영 · 손명수 · 고광현 · 홍성표 · 황성규 · 박필원 · 임규성

내시경적 역행성 담췌관조영술(endoscopic retrograde cholangiopancreatography, ERCP)과 내시경적 유두괄약근 절개술(endoscopic sphincterotomy, EST)은 여러 담췌관 질환의 표준 치료로 널리 사용되고 있다. 위아전절제술과 위공장문합술(radical subtotal gastrectomy with gastrojejunostomy, Billroth II gastrectomy)을 시행한 환자들에서 ERCP 및 EST는 수술 후 변형된 해부학적 이유로 시술의 성공률이 정상 해부학적 구조에서 시행하는 경우보다 낮은 것으로 알려져 있다. 해부학적으로 EST 시행 시 절개해야 할 유두부의 방향이 정상 구조와 비교하여 반대로 위치하기 때문에, 표준형 절개도를 사용하지 않고 침형 괄약근 절개도, 유도철선을 이용한 B-II 유두괄약근 절개도 등을 사용해 왔다. 저자들은 최근에 소개된 회전형 절개도(rotatable papillotome, Autotome)를 이용하여 ERCP 및 EST를 성공적으로 시행하고 있기에 증례를 모아 문헌 고찰과 함께 보고하는 바이다.