

CLINICAL BILIARY COMPLICATIONS AFTER ADULT LIVER TRANSPLANTATION:

A PROSPECTIVE STUDY

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Background: Biliary complications are still a major source of morbidity after liver transplantation (LT). We prospectively studied the occurrence of clinical biliary complications in a consecutive series of LT in order to determine risk factors.

Material and Methods: From January 1997 to May 1999, 46 adult patients underwent LT at our institution. Bile duct reconstruction was choledococholedocostomy in 45 cases and choledocojejunostomy in one patient. One month, 1 year and 2 year patient and graft survivals were 98%, 92% and 92%, respectively. We compared several factors that may be linked to an increased risk of biliary complication after LT. Follow-up had to be at least 6 months. $P < 0.05$ was considered as significant.

Results: 10 patients (22%) experienced biliary complications (2 leaks and 8 strictures). All of these biliary complications were successfully treated by endoscopic and/or surgical management, and no graft was lost because of biliary complications. Among the analysed factors, there was no difference between patients who did or did not develop biliary complications when studying ischemia time, recipient hepatopathy, donor's age, donor/recipient gender, artery thrombosis. Origin of the graft (external versus local) and blood group O were the only risk factors for biliary stricture in this series.

Conclusions: This study showed that biliary complication is still a major cause of morbidity after LT. Endoscopic and/or surgical management may allow excellent results without graft loss. The local procured graft showed better results without influence of the ischemia time. The significance of the increased risk linked to the blood group O did not appear clearly and was not reported previously in the literature.