

## XXXVI COMU 2017 – Congresso Médico Universitário da FMUSP

### Researches Classified – Award Panels Surgical

#### Preliminary results of surgical repair of iatrogenic biliary strictures

*Academic authors:* **Yumi Ricucci Shinkado**

*Academic advisors:* **Estela Regina Ramos Figueira, Telesforo Bacchella**

**Introduction:** Iatrogenic biliary injury secondary to cholecystectomy remains a critical complication with devastating consequences to the liver leading to risk of death.

**Objective:** We aimed to evaluate the long-term results of surgical repair of iatrogenic biliary injuries performed at a single center.

**Methodology:** We retrospectively evaluated 209 patients that underwent surgical reconstruction for iatrogenic biliary injury from 1990 to 2016. Nine patients were excluded for insufficient data and 42 for other diagnosis. We collected data from medical records and the electronic database HCMED. The preliminary results were analyzed by comparing frequencies or arithmetic means with standard deviations of the recorded parameters.

**Results:** We included 158 cases in the study, 81% of these women and with mean age of 45.54 years. The most common symptoms presented were jaundice in 79.11% of the cases, abdominal pain in 59.49%, choloria in 52.53%, acholia/hipocholia in 47.47%, fever in 44.3%, pruritus in 34.18% and weight loss in 27.22%. Biliary stricture was secondary to conventional cholecystectomy in 63.92% of the cases, laparoscopic cholecystectomy in 22.15% and non-specified cholecystectomy in 13.92%. We divided patients according to diagnosis of biliary duct stricture (BDS), n= 93 cases (58.86%), and bilioenteric anastomosis stricture (BEAS), n= 65 cases (41.14%). In BDS group, levels of bilirubin, ALT, AST and GGT were significantly increased pre compared to post surgical repair (Table). In BEAS group, levels of bilirubin, AST and GGT were significantly increased in the preoperative compared postoperative; however there were no differences in ALT levels (Table). Recurrence of stricture occurred in 5 cases of BDS group, submitted again to surgical repair, and 7 cases of BEAS group, 4 submitted to surgical repair and 3 referred to the Liver Transplant Unit. Survival in the BDS group was 98.92% in 1 year and 97.85% in 5 years, and in BEAS group 98.64% and 95.38%, respectively.

**Conclusions:** Surgical repair of complex biliary stricture can achieve long-term success in 89.87% of patients when performed by experienced surgeons. Adult women are the most affected population, probably due to higher incidence of cholecystectomies in this group.

**Keywords:** Iatrogenic biliary injuries; Surgical repair of complex biliary; Cholecystectomies.

**Table:** Comparison of results pre and post surgical repair in Bile Duct Stricture (BDS) group and Bilioenteric Anastomosis Stricture (BEAS) group

		Preoperative	Postoperative	P value
<b>BDS group</b>	Bilirubin, mg/dL	5.42±7.72	1.10±2.04	0.0023
	AST, UI/L	68.84±55.64	33.23±29.37	0.0026
	ALT, UI/L	90.61±98.76	37.63±42.24	0.0055
	GGT, UI/L	392.6 ± 327.1	193.5±264.7	0.0046
<b>BEAS group</b>	Bilirubin, mg/dL	5.20±6.51	2.78±6.77	0.0488
	AST, UI/L	77.84±63.47	55.73±61.74	0.0413
	ALT, UI/L	79.10±64.44	61.61±77.62	0.1004
	GGT, UI/L	498.1±452.2	292.1±378.0	0.0003