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The effect of intraductal transanastomotic stent in reducing biliary complication after duct-to-duct biliary reconstruction in living donor liver transplantation: Single center experience

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Introduction: Despite of the innovations in surgical and postoperative surgical treatment of donors and recipients, biliary complication is still considered to be a technical “Achilles’ heel” of living donor liver transplantation (LDLT) due to the high incidence, requiring long-term interventional treatment, and potential risk for graft failure. The purpose of this study was to evaluate the effect of intraductal transanastomotic stent in reducing biliary complications after LDLT.

Methods: From August 2015 to February 2020, 201 adult LDLTs using right liver were enrolled. The intraductal transanastomotic stent was a silicone tube of various diameters considering the duct size. By dividing biliary complication into bile leakage and stricture, the risk factor and effect of stent were analyzed.

Results: In all patients with LDLT, biliary complications occurred in 54 (26.9%) patients and anastomosis site leakage occurred in 9 (9.5%) patients. Of the 201 patients, non-stent group was 101 (50.2%) patients and stent group was 100 (49.8%) patients. Anastomosis site leakage was higher in the non-stent group ($n = 15$, 14.9%) than in the stent group ($n = 4$, 4.0%, $p = 0.005$). Biliary stricture was also higher in the non-stent group ($n = 30$, 29.7%) than in the stent group ($n = 17$, 17.0%, $p = 0.03$). In multivariate analysis, hepatic artery thrombosis ($p < 0.001$) and intraductal stent ($p = 0.01$).

Conclusions: Intraductal transanastomotic stent can reduce biliary complications including anastomosis leakage and stricture. Further large-scale analyses of clinical data or randomized controlled trial are required to support this study.

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