

Hepaticojejunostomy Stricture After Pancreaticoduodenectomy: A Case Report

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Background : The early postoperative complications after pancreaticoduodenectomy(PD), such as delayed gastric emptying, pancreaticocutaneous fistula, and surgical site infection were well known, but late complications, such as biliary stricture were rarely reported. Incidence of the hepaticojejunostomy(HJ) stricture after PD is 2.6%. Majority of HJ stricture can be managed by using balloon dilatation with or without stent. Rare cases need redo HJ.

Methods : We experienced a case of the stricture of the (HJ) after PD being managed with revision HJ. Seventy six years old male patient admitted to surgical department due to fever and jaundice suggesting acute cholangitis. He had the history of pylorus preserving PD due to neuroendocrine tumor of the pancreas head 9 years ago. Blood pressure 144/75 mmHg, Pulse rate 74/min, Body temperature 37.9 C., Respiratory rate 20/min. WBC 136,000/uL, Hemoglobin 12.6 g/dL, Platelet 214000/uL, SGOT 249/uL, SGPT 324/uL, Alk-Phosphatase 2316 lu/L, Gamma GTP 1301U/L, Bilirubin total 5.1 mg/dL, Bilirubin direct 4.6 mg/dL. Abdominal Computed Tomogram showed intrahepatic bile duct dilatation and a common hepatic duct stone. MRI showed same findings.

Results : A percutaneous intrahepatic biliary drainage was done. His vital signs and laboratory findings were stabilized. Interventionist had tried Balloon dilation of the HJ stricture site but failed removal of a stone in the hepatic duct. So we successfully underwent redo HJ.

Conclusions : We report a rare case of HJ stricture after PD with surgical intervention.

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