Intracavity rendezvous procedure

Biliary complications are common after liver transplantation, and the vast majority of these can be managed endoscopically [1,2]. We describe a case of a spontaneous bile leak after liver transplantation which eventually required an extraductal rendezvous to re-establish recipient and donor bile duct continuity.

A 47-year-old woman underwent liver transplantation (donation after brain death, duct-to-duct anastomosis) for end-stage liver cirrhosis. Two weeks after transplantation she was diagnosed with a bile leak (▶ Fig. 1). The patient initially had two endoscopic retrograde cholangiopancreatograms performed and both demonstrated a bile leak at the level of the biliary anastomosis. On both occasions it proved impossible to pass a guidewire into the donor duct (▶ Fig. 2). A percutaneous transhepatic cholangiogram was performed, but the recipient duct could not be accessed (▶ Fig. 3).

A rendezvous procedure was undertaken. Endoscopically, a guidewire (450 cm, 0.018 inch; Terumo, Tokyo, Japan) was passed into the biloma. The guidewire was then snared with an Amplatz Goose Neck loop snare (6 Fr, 15 mm; ev3 Inc. Plymouth, Maine, USA) to establish access across the leak (▶ Fig. 4; ▶ Video 1). The Terumo wire was then exchanged for a VisiGlide wire (450 cm, 0.025 inch; Olympus, USA). The donor:recipient duct anastomotic site was dilated with a dilatation balloon (6 mm, 4 cm; Hurricane RX, Boston Scientific, USA) before a fully covered self-expanding metal stent (8 mm, 4 cm; Kaffes stent, Taewoong Medical, Japan) was inserted over the guidewire across the anastomosis. Further contrast injection through the percutaneous route did not demonstrate a bile leak (▶ Fig. 5). The patient was discharged home 2 days later without any complications.
An intracavity rendezvous procedure is a viable management solution in cases where endoscopic retrograde cholangiopancreatography and the percutaneous transhepatic approach have failed to resolve a bile leak after liver transplantation. A novel fully covered self-expanding metal stent (Kaffes stent) can be used to bridge the anastomotic area between the donor and the recipient duct.

**Competing interests**

The authors declare that they have no conflict of interest.

**References**


**Bibliography**

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**The authors**

Muhammad Farman¹, Pauline Kane², Stephen Gregory³, Andreas Prachalias¹, Deepak Joshi¹

1 Institute of Liver Studies, King’s College Hospital NHS Foundation Trust, London, UK
2 Department of Radiology, King’s College Hospital NHS Foundation Trust, London, UK

**Corresponding author**

Muhammad Farman, MBBS, MRCPI
Institute of Liver Studies, King’s College Hospital NHS Foundation Trust, Denmark Hill, London, SE5 9RS, UK
mfarman83@gmail.com

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**Video 1** Rendezvous procedure in the biloma to re-establish donor:recipient duct continuity following spontaneous bile leak after liver transplantation.