Resolution of post-liver transplant anastomotic biliary stricture with successful placement of a self-expanding metallic stent in a child

A 9-year-old girl who had received an orthotopic liver transplant for cryptogenic cirrhosis at the age of 5 years was admitted for the evaluation of elevated transaminases. Transabdominal ultrasound demonstrated intrahepatic biliary dilatation. Liver biopsy ruled out organ rejection, and endoscopic retrograde cholangiopancreatography (ERCP) confirmed the presence of a focal anastomotic stricture (Fig. 1 a).

The placement of two 7-Fr plastic biliary stents (Fig. 1 b) resulted in a decrease in her transaminase levels. Follow-up procedures with additional balloon dilatation and the placement of multiple 10-Fr plastic stents with adequate decompression. c Self-expanding metal stent in the bile duct with pneumobilia. d Marked resolution of the stricture following removal of the metal stent.

The persistent radial expansion force created by the metal stent appears to result in an adequate response of the ringlike focal anastomotic stricture and is the likely reason for the optimal response in our patient.

The placement of a fully covered self-expanding metal stent is a viable and safe alternative to repeated stent insertion for carefully selected patients with biliary strictures following transplant and provides an alternative to the surgical management of strictures that are refractory to standard endoscopic therapy. However, the long-term effect of metal stent placement in pediatric patients is unknown.

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