Percutaneous transhepatic biliary drainage-assisted, endoscopic ultrasound-guided hepaticoduodenostomy for isolated complete right intrahepatic duct obstruction

A 43-year-old woman presented with epigastric pain and cholestatic liver dysfunction after open cholecystectomy. Magnetic resonance cholangiopancreatography (MRCP) showed an abrupt cut-off of the right anterior segmental bile duct, suggesting a transection injury following the cholecystectomy. When a transection injury has occurred, surgical reconstruction with biliary enteric anastomosis is indicated [2, 3]. PTBD was initially performed for biliary decompression. As the remaining bile duct was too short to be connected to the jejunum, the surgeon suggested segmental liver resection instead of hepaticojejunostomy; however, the patient refused surgical management, so we performed EUS-guided drainage with the assistance of PTBD.

Endoscopic ultrasound (EUS)-guided biliary drainage has emerged as an alternative modality for an obstructed intrahepatic duct (IHD). However, isolated right IHD obstruction has not been considered suitable for EUS-guided intervention because the right IHD may not be immediately adjacent to the duodenal wall or because the portal vein could be close to the route of approach [1]. We report our experience of percutaneous transhepatic biliary drainage (PTBD)-assisted, EUS-guided hepaticoduodenostomy for isolated complete right IHD obstruction.

Endoscopy_UCTN_Code_TTT_1AR_2AJ

Competing interests: None

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DOI http://dx.doi.org/10.1055/s-0042-117223
Endoscopy 2016; 48: E317–E318
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

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