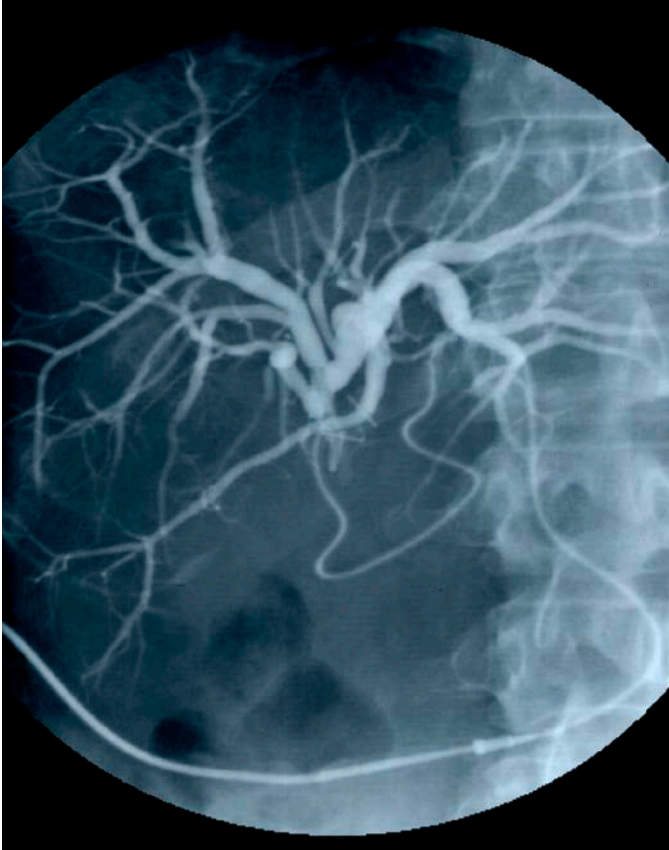


## **Post-Cholecystectomy Biliary Stricture Recognized Intra-operatively**

A 45 year old female with a history of cholelithiasis underwent laparoscopic cholecystectomy. Severe gall bladder inflammation made ductal anatomy difficult to identify, resulting in a common hepatic duct injury, which was repaired over a T tube. Follow up T tube cholangiogram showed high grade stricture (**Figure 1**). At ERCP, an extremely narrow common hepatic duct stricture near the confluence was seen. Percutaneous assistance was required to traverse the stricture (rendezvous technique). Hydrostatic balloon dilation of the stricture was done and ultimately a three 10F plastic biliary stents were inserted (**Figure 2**). In the one year follow-up ERCP, the stents were removed and hydrostatic balloon dilation of the stricture area was performed (**Figure 3**). The cholangiogram showed good luminal patency (**Figure 4**). The patient has remained asymptomatic for 5 years.

Comments: Patients with post-cholecystectomy bile duct injury (without resection or total luminal occlusion from clips) can usually be managed endoscopically as this case. Multiple plastic stents are often required to establish wide luminal patency. Stents should remain in place for approximately one year or until the stricture is resolved.

**Figure (1):** T tube cholangiogram showing high grade stricture



**Figure (2):** Three 10F plastic biliary stents were inserted



**Figure (3):** one year follow-up ERCP: Stents were removed and hydrostatic balloon dilation of the stricture area was performed



**Figure (4):** Final cholangiogram showing good luminal patency

