

## ◆ IMAGEN DEL NÚMERO

### Solución del caso: Repair of a common bile duct injury

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Incidence of biliary duct injury have increased since adoption of laparoscopic surgery. Conversion to an open procedure and repair of the injury should be attempted only if the surgeon is comfortable with advanced biliary surgery. If not, an external drainage of the gallbladder fossa should be achieved prior to referral to a specialist.<sup>3,6</sup>

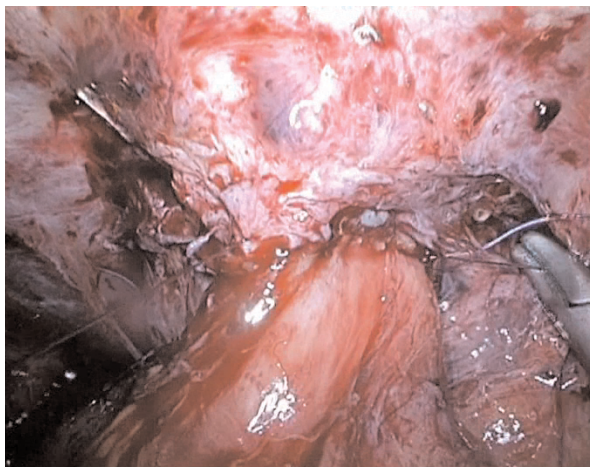
A transhepatic cholangiogram was done showing a dilation of the proximal common hepatic duct with a stop 1 cm below the biliary bifurcation.

A laparoscopic approach was performed. A dissection of the biliary injury area was made. The portal triad was found. We started to dissect each element of the portal triad and found silk sutures on the proximal bile duct, which was opened. The duodenum was opened for 1 cm and a hepatico-duodenostomy was performed (Figure 2). The follow up period was unremarkable.

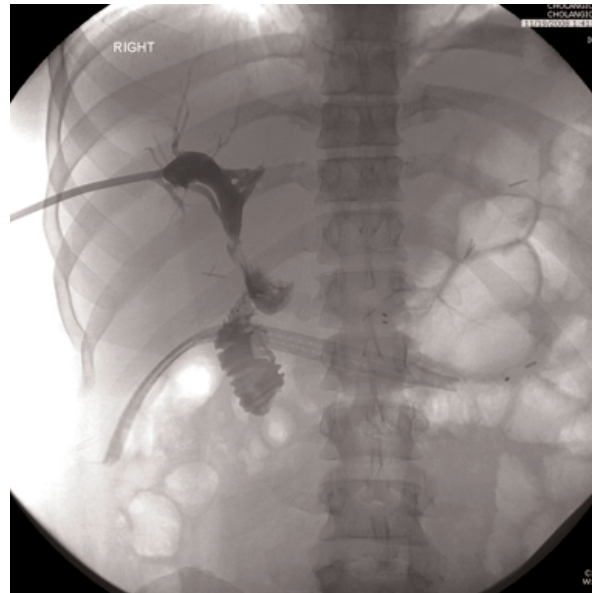
Finally a transhepatic cholangiogram was done after the surgery demonstrating no leak from the anastomosis (Figure 3).

When the percutaneous or endoscopic treatment for a bile duct injury failed, surgery is the best option. In our case a laparoscopic exploration was done and a hepaticoduodenostomy could be performed by laparoscopy.

**Figure 2.** Hepaticoduodenostomy.



**Figure 3.** Second transhepatic cholangiogram.



#### References

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