

How you deal with bile duct stricture?

Patient with bile duct stricture from an injury or as a consequence of previous repair usually present either as progressive increase of liver function test or cholangitis.

- The initial management include **percutaneous transhepatic biliary drainage catheter placement for decompression** as well as for defining the anatomy & the location & the extent of the damage.

These catheters also serve as useful technical aids during subsequent biliary enteric anastomosis.

- Also **stent** may be passed through stricture at the time of ERCP & left to drain into the duodenum.
- For benign stricture, **anastomosis** performed between the duct proximal to the injury & Roux en Y loop of jejunum.
- For stricture of recent onset through which a guide wire can be passed, a **balloon dilatation** is performed (even multiple dilatation) with insertion of stent.
- **Self expanding metal or plastic stent** placed either percutaneously or endoscopically across the stricture, can provide temporary drainage & in high risk patient, permanent drainage of the biliary tree.
- Common complications related to bile duct repair include cholangitis, external biliary fistula, bile leak, subhepatic & subphrenic abscess & haemobilia.