

RECURRENT GIANT BILOMA FOLLOWING DECEASED DONOR SPLIT LIVER TRANSPLANTATION

G. C. Sotiropoulos, E. P. Molmenti, C. G. Klein, V. R. Cicinnati, C. E. Broelsch, H. Lang

Department of General, Visceral and Transplantation Surgery, University Hospital Essen, Essen, Germany

Abstract

Biliary complications remain a substantial cause of morbidity following liver transplantation (LT), with a reported incidence of 10-15% after full-size LT, and even higher after living donor, split, and reduced size LT. We report herein the case of a patient with a recurrent giant biloma following deceased donor split LT, which despite its volume was treated conservatively.

Key words: Liver transplantation; split liver grafts; hepatocellular carcinoma; biliary strictures; biloma.

TO THE EDITOR

A 63 year old man, underwent a deceased donor split LT (segments I,IV-VIII) to treat a multifocal hepatocellular carcinoma arising in the setting of end-stage liver disease. The early post transplant course was uneventful. A protocol follow-up abdominal computer tomography scan 3 months later detected a giant fluid collection along the transected surface of segment IV. The collection was drained percutaneously and found to be a biloma. Follow-up imaging 3 weeks later showed re-accumulation with identical characteristics. Since the patient remained asymptomatic, with normal biochemical liver function parameters, a decision was made to proceed with no further drainage. The slim patient remains in good general condition 62 months post transplant, with no biloma related complains (Fig. 1). Tumor recurrence in the lungs was detected 60 months post-LT and is currently treated with the multikinase-inhibitor Sorafenib. Initial immunosuppression was with calcineurin inhibitors, and was switched to sirolimus.

Risk factors for biliary complications include technical difficulties, T-tube or stent-related problems, hepatic artery thrombosis, bleeding, ischemia/reperfusion injury, infectious complications, and a variety of other events [1-4]. The management of biliary complications requires a multidisciplinary approach, and has changed over the past decade, currently favouring endoscopic and radiological approaches [1-2, 4]. However, no literature reports of successful conservative treatment of giant bilomas are encountered. Our decision, based on thorough clinical evaluation, absence of septic complications, lack of subjective complains, and a close follow-up, was rewarded with satisfactory results. We hope that this re-

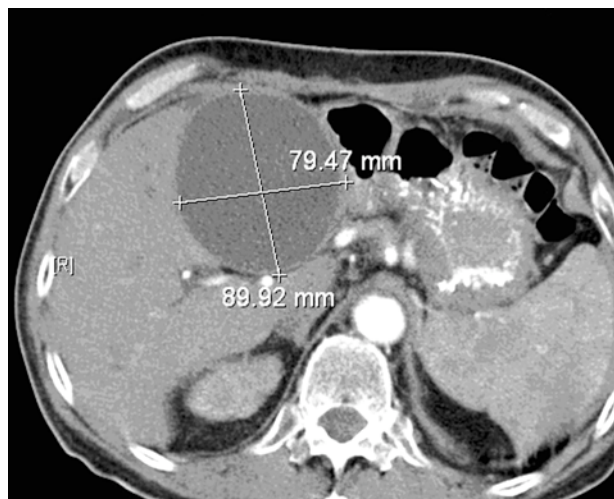


Fig. 1. Giant biloma.

port, with its associated follow up period of more than 5 years, will further encourage the trend for conservative management of post transplant biliary complications.

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Address for correspondence:

Georgios C. Sotiropoulos, MD
Department of General, Visceral and Transplantation Surgery
University Hospital Essen,
Hufelandstr. 55
45122 Essen
Germany.
Tel.: ++49-201-723-84084