E-052

Comparison Of Surgical Outcomes OF Biliary Reconstruction Methods In Patients With Recurrent Common Bile Duct Stone

Chol Kyoon CHO*[1], Hee Joon KIM[1]

[1]*Department Of Surgery, 화순전남대학교병원, REPUBLIC OF KOREA*

Background : Biliary reconstruction is effective in preventing recurrence in patients with recurrent common bile duct (CBD) stones. However, the risk and difficulty of surgery vary depending on the method of bile duct reconstruction, the patient's history of repeated cholangitis, and the past history of intraabdominal surgeries. The purpose of this study was to compare surgical outcomes based on the method of bile duct reconstruction

Methods : We analyzed the clinical data of patients who underwent CBD resection and end-to-side choledochojejunostomy (CJ), side-to-side CJ without CBD resection, or choledochoduodenostomy (CD) for recurrent CBD stones from March 2016 to December 2020. Choledochoduodenostomy was only performed in patients has an anatomy that does not allow food to pass through the duodenum (previous gastrectomy and Billroth-2 or Roux-en-Y reconstruction).

Results : Median follow-up duration was 19 months. During the study period 16 end-to-side CJs, 14 side-to-side CJs, and 16 CDs were performed. Overall recurrence rate was 6.5 % (3/46, 2 in end-to-side CJ group, and 1 in the side-to-side CJ group). Operation time was significantly shorter and estimated blood loss was smaller in the CD group compared to the CJ group. Recurrence-free survival was similar in the three groups. 2-year recurrence-free survival rate was 80 percent in the end-to-side CJ group, 87.5 % in the side-to-side CJ group, and 100% in CD group. There were no significant differences in terms of hospital stay, and complication rate.

Conclusions : The surgical outcomes were similar in the end-to-side CJ, side-to-side CJ, and CD groups. Therefore, in patients with recurrent CBD stones, the safest biliary reconstruction method should be chosen considering the patient's life expectancy, frailty, and intra-abdominal condition such as adhesion and fibrosis of hepatoduodenal ligament.

Corresponding Author : **Chol Kyoon CHO** (ckcho@jnu.ac.kr)