Background/Aims: The replacement of a percutaneous transhepatic biliary drainage (PTBD) catheter with inside stents using endoscopic retrograde cholangiography (ERC) is difficult in patients with angulated or twisted biliary anastomotic stricture or distorted antrum after living donor liver transplantation (LDLT). The rendezvous technique is a useful alternative method for the successful placement of inside stents in these patients. We evaluated the usefulness and safety of the rendezvous technique for the management of biliary stricture after LDLT.

Methods: Twenty patients with PTBD due to biliary stricture after LDLT with duct-to-duct anastomosis underwent placement of inside stents using the rendezvous technique.

Results: Inside stents were successfully placed in the 20 patients using the rendezvous technique. The median procedure time was 29.6 min (range, 7.5–71.8), and the mean angle between the right hepatic duct of the donor and the common bile duct of the recipient was 110±15°. The number of inside stents placed was one in 12 patients and two in eight patients. The mean diameter of the inside stents was 9.9±1.4 F. Two patients who had a distorted antrum, and the duodenoscope could not pass over their pyloric ring; therefore, we performed the rendezvous technique using a two-channel endoscope, which allowed the successful placement of an inside stent. One mild acute pancreatitis and one acute cholangitis occurred; however, these conditions improved within a few days.

Conclusions: The rendezvous technique is a useful and safe method for the replacement of PTBD catheter with inside stent in patients with biliary stricture after LDLT with duct-to-duct anastomosis. The rendezvous technique could be recommended to patients with angulated or twisted strictures or a distorted antrum.

색인단어: Rendezvous, biliary stricture, Liver transplantation, Endoscopic retrograde cholangiography, Percutaneous transhepatic biliary drainage