

## 活體肝臟移植術後發生之氣管及膽道間瘻管一病例報告

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### **Bronchobiliary fistula encountered in left lobe hepatic graft after living donor liver transplantation: Report of a case**

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A bronchobiliary fistula (BBF) is a rare condition that was first reported by Peacock in 1850. The congenital etiologies of BBF or secondary to hydatid cyst disease, liver or lung cancers, trauma, liver resection, cholangiolithiasis, hepatic abscess, or bile duct stricture had been reported. Furthermore, based on our best knowledge, there is no report of bile duct complications presented as a BBF after liver transplantation reported in English literatures till now.

Herein, we reported a 36 years-old female patient undergone left lobe graft living donor liver transplantation in June 2013. She suffered bile leak and stricture of anastomosis of bile duct in July 2013. Initially, percutaneous drainage of perihepatic abscess and endoscopic retrograde biliary drainage were used as conservative treatments of her biliary tract complications. Her bile leakage improved gradually and her percutaneous pigtail drain was removed on Sept. 2014.

Unfortunately, she suffered persistent biloptysis following removal of this drain and her endoscopic stent was still left in situ. A BBF of her was confirmed by fistulography via another percutaneous drain and magnetic resonance cholangiopancreatography later. She received laparotomy and closure of fistula tract of her BBF in Dec. 2014. Then she was completely free from persistent cough and biloptysis.

There were some alternative non-surgical treatments, including endoscopic stent, sphincterostomy, and embolization of fistula with cyanoacrylate glue via bronchoscopy or endoscopy, of BBF. However, our case demonstrated surgical intervention, closure of fistula, is a feasible treatment for this rare and complicated biliary complication after living donor liver transplantation.