IMAGE OF THE ISSUE

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Endoscopic Complications in Treating Portal Biliopathy: A Rare Case of Porto-biliary Fistula

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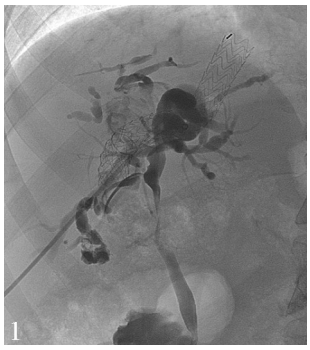

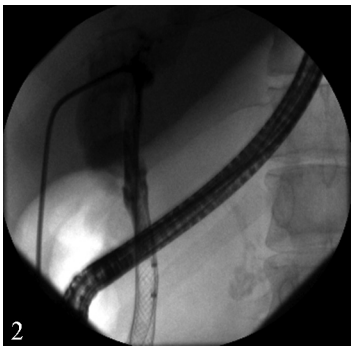

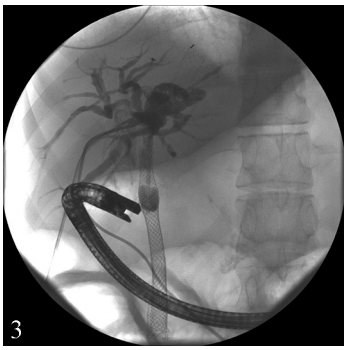

Portal biliopathy (PB) is a rare condition characterized by narrowing of both extra- and intrahepatic biliary ducts due to the compression of venous collaterals caused by chronic extrahepatic portal vein obstruction and/or ischemic damage [1]. The recommended first-line treatment is endoscopic stenting with or without dilatation [2]. However, the rate of complications is higher compared to patients without PB, due to portal hypertension and altered anatomy with peri-choledochal varices and venous collaterals in ampullary and juxta-papillary regions [3].

In the present case, a young male presented with obstructive jaundice due to symptomatic PB with compression of the main common bile duct by a very dilated portal vein (35mm) despite TIPS placement, in a genetic porto-sinusoidal vascular disorder (Fig. 1). Subsequently, after a percutaneous biliary drainage (PBD), ERCP was performed, with the addition of two plastic stents without performing sphincterotomy. No relief of biliary obstruction was seen; therefore, the removal of PBD was planned, and a second ERCP was performed. After the withdrawal of the first stent, the second was removed, after sphincterotomy with a Fogarty balloon due to its upward migration. Immediately after removal, significant hemobilia occurred, firstly treated with adrenaline injection and placement of two self-expandable fully covered metal stents (FC-SEMS) 4 cm and 6 cm in length with no resolution of the bleeding (Fig. 2). Cholangiography performed through the PBD revealed a proximal porto-biliary fistula, prompting the placement of another FC-SEMS (8 cm) to occlude the hole. A balloon was inflated inside the stent to reinforce bleeding control (Fig. 3). Urgent liver transplantation was performed on the same day.

Complications can occur up to 20% during endoscopic treatment of PB, with bleeding being the most common [4, 5]. However, more rare complications such as porto-choledocal fistula should be considered. This is described in only four cases in the literature, associated with a large portal diameter and stent bedsores as risk factors [6].

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Conflicts of interest: None to declare.

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