Bile Duct Injuries Indeed Are a Rare, But Much Feared Complication

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We read with great care and interest the article on bile duct injuries by Rystedt et al. [1] in the November 2015 issue of World Journal of Surgery. First of all we wish to congratulate the authors on this scientific report and on their dedication to better understanding of this surgical complication.

This was a retrospective study in which the authors wanted to assess the diagnosis, treatment, and outcome of the treatment of bile duct injuries from a national perspective. Bile duct injuries are indeed an unpleasant complication, one that has been scaled down in its incidence drastically over the years. The important thing to point out is the low incidence of bile duct injuries recorded in this paper (0.3 %), which can only serve as an indication of the high level of training of attending surgeons in all of the hospital centers.

However, we have several concerns regarding the initial operation, the diagnostic procedures, as well as the treatment and follow-up period. We would like to point out that it is unusual for the attending surgeon to perform the reconstructive procedure as well. It has been noted in studies that better results were achieved when the repair after BDI was done by HBP (hepatobiliarypancreatic) surgeon. Also, we think that it would be useful to have noted the severity of BDI generated in cases of acute cholecystitis. [2].

For the diagnostic procedures, we feel that an important factor has been left out, which is liver tissue necrosis in cases with ligation of right hepatic artery. In a paper by Mercado et al. [3], and Schmidt et al. [4], liver injuries

were detected and treated in patients that had simultaneous injuries of the common bile duct and the right hepatic artery. Also it has been stated in recent studies that the concomitant vasculobiliary injuries are present in 12–61 % of cases [5].

Regarding the treatment, majority of the patients were treated with direct suture or suture over T tube. In our experience, the clinical presence of recurrent cholangitis after the period of 3 years of follow-up of BDI repair is not neglectable.

References

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