XXXVII COMU 2018 – Congresso Médico Universitário da FMUSP

Researches Classified – Oswaldo Cruz Awards – Surgical

Management of choledochal cysts: 23 years of experience in a pediatric tertiary center

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Introduction: Choledochal cyst is a rare pathology of the biliary tree, leading to hepatic cirrhosis and predisposition to malignancy if untreated. Excision and biliodigestive reconstruction is the standard treatment. Our objective in this study is to perform a retrospective analysis of choledochal cysts cases in our institution, focusing in diagnostic imaging and surgical management.

Methods and materials: We analysed the medical records from patients with choledochal cysts in our institution from January 1994 to December 2017. Our research included gender, symptoms at presentation, age, preoperative and postoperative bilirubin levels, medical imaging, type of dilatation (following the Todani classification), performed surgery, complications and survival in 70 patients.

Results: Ultrasonography was the only required exam to the diagnosis in 50 cases (71,4%), and used in 68 cases (97,1%). All Todani type I and IV cases were treated through cyst excision and biliodigestive reconstruction by proximal and distal hepaticojejunostomy through Roux-en-Y. Thirty-one patients were subjected to proximal hepaticojejunostomy. Eight (25,1%) presented postoperative complications, two of which died due to postoperative sepsis. Thirty-eight patients were subjected to distal hepaticojejunostomy. From this group, two patients (5,2%) presented postoperative complications. The p-value between groups was 0.016.

Conclusion: US is the only necessary diagnostic imaging prior to surgery. The surgeon should weight the risk of biliary cancer and postoperative complications upon choosing the height of the anastomosis in choledochal cysts. We preconize that it's safer to perform a distal hepaticojejunostomy, maintaining the proximal part of a dilated common hepatic duct, than proximal hepaticojejunostomy.

Keywords: Choledochal; Cyst; Management; Hepaticojejunostomy; Ultrasonography.