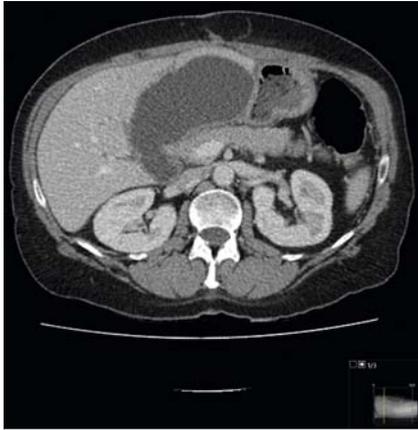


## Intracavity rendezvous procedure



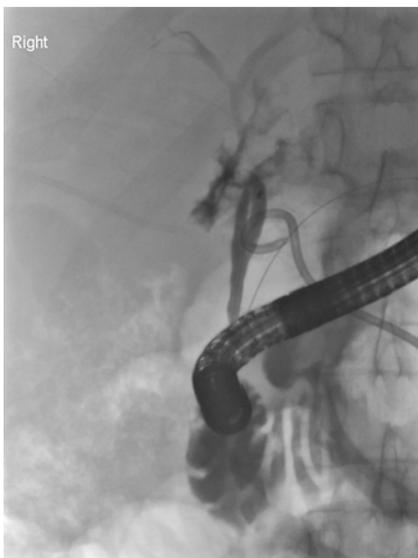
► **Fig. 1** Abdominal computed tomography demonstrates the intra-abdominal collection.



► **Fig. 3** Percutaneous transhepatic cholangiography shows contrast leakage at the biliary anastomosis with no delineation of the recipient duct.



► **Fig. 5** Fully covered self-expanding metal stent deployed across the anastomosis and contrast passed through the stent into the small bowel with no leakage.



► **Fig. 2** Endoscopic retrograde cholangiopancreatography shows contrast leakage at the biliary anastomosis.



► **Fig. 4** Guidewire passed successfully across the anastomosis.

Biliary complications are common after liver transplantation, and the vast majority of these can be managed endoscopically [1,2]. We describe a case of a spontaneous bile leak after liver transplantation which eventually required an extra-ductal rendezvous to re-establish recipient and donor bile duct continuity.

A 47-year-old woman underwent liver transplantation (donation after brain death, duct-to-duct anastomosis) for end-stage liver cirrhosis. Two weeks after transplantation she was diagnosed with a bile leak (► **Fig. 1**). The patient initially had two endoscopic retrograde cholangiopancreatograms performed and both demonstrated a bile leak at the level of the biliary anastomosis. On both occasions it proved impossible to pass a guidewire into the donor duct (► **Fig. 2**). A percutaneous transhepatic cholangio-

gram was performed, but the recipient duct could not be accessed (► **Fig. 3**). A rendezvous procedure was undertaken. Endoscopically, a guidewire (450 cm, 0.018 inch; Terumo, Tokyo, Japan) was passed into the biloma. The guidewire was then snared with an Amplatz Goose Neck loop snare (6Fr, 15 mm; ev3 Inc. Plymouth, Maine, USA) to establish access across the leak (► **Fig. 4**; ► **Video 1**). The Terumo wire was then exchanged for a VisiGlide wire (450 cm, 0.025 inch; Olympus, USA). The donor:recipient duct anastomotic site was dilated with a dilatation balloon (6 mm, 4 cm; Hurricane RX, Boston Scientific, USA) before a fully covered self-expanding metal stent (8 mm, 4 cm; Kaffes stent, Taewoong Medical, Japan) was inserted over the guidewire across the anastomosis. Further contrast injection through the percutaneous route did not demonstrate a bile leak (► **Fig. 5**). The patient was discharged home 2 days later without any complications.



**Video 1** Rendezvous procedure in the biloma to re-establish donor:recipient duct continuity following spontaneous bile leak after liver transplantation.

An intracavity rendezvous procedure is a viable management solution in cases where endoscopic retrograde cholangiopancreatography and the percutaneous transhepatic approach have failed to resolve a bile leak after liver transplantation. A novel fully covered self-expanding metal stent (Kaffes stent) can be used to bridge the anastomotic area between the donor and the recipient duct.

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### Competing interests

The authors declare that they have no conflict of interest.

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