

Figure 7. An end-to-side hepaticojejunostomy was performed laparoscopically at the end.

Conclusions

Laparoscopic excision of a CDC and hepaticojejunostomy with extracorporeal Roux-en-Y anastomosis can be done safely with good cosmetic and functional results. Considering the results of high volume centers in Asia together with our early experience, we recommend caution to prevent injury to the pancreatic duct and biliary structures during dissection and anastomosis. Lifelong surveillance is mandatory, even after resection of the CDC.

References

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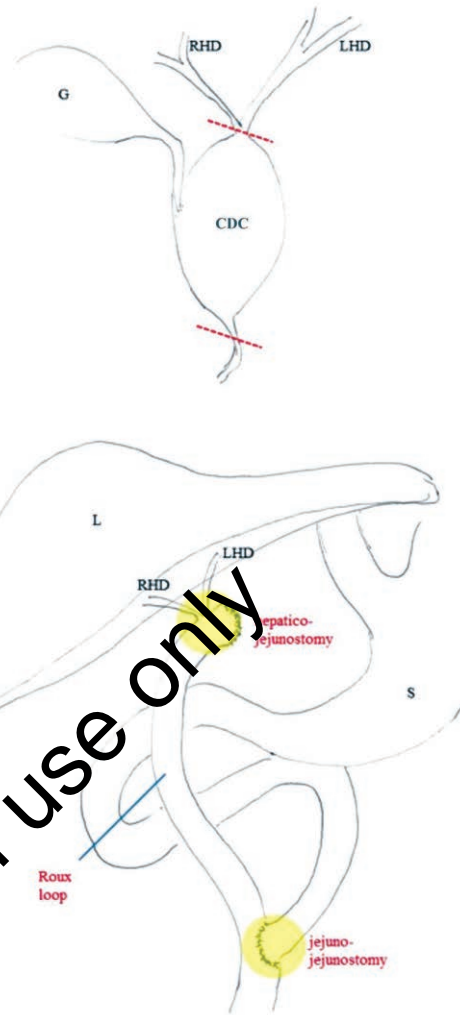


Figure 8. Schematic presentation of surgical procedure. RHD=right hepatic duct; LHD=left hepatic duct; CDC=choledochal cyst; G=gallbladder; L=liver; S=stomach. Left panel, preoperative; right panel, postoperative.

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