



JOINT EVENT

12th Global Gastroenterologists Meeting

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3rd International Conference on Metabolic and Bariatric Surgery

March 15-16, 2018 Barcelona, Spain

Keynote Forum

Day 1

Bariatric Surgery 2018 & Gastro 2018

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Hideaki Kawabata

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Magnetic compression anastomosis for obstructed choledocho-jejunosomy

Magnetic compression anastomosis (MCA) has been developed as a non-surgical alternative treatment for biliary obstruction without serious complications. A 70-year-old woman who had undergone pancreaticoduodenectomy with modified Child reconstruction for pancreatic head cancer suffered from refractory anasto-cutaneous fistula at the site of gastro-jejunosomy and obstructed choledocho-jejunosomy with no recurrent findings after the operation. We performed choledocho-jejunosomy using the MCA technique. The two magnets inserted into the obstruction of the hepatic side and of the jejunal side were immediately attracted towards each other transmurally, and reanastomosis was confirmed 7 days after starting the compression. The magnets were retrieved and an indwelling drainage tube was placed. The internal tube was removed and a plastic stent is placed 1 year after reanastomosis and no MCA-related complications have been observed.



Figure 1: Percutaneous transhepatic cholangiography showed complete obstruction of choledochojejunosomy. The obstructive distance was 7 mm, as measured by cholangiography and fluoroscopy.



Figure 2: Intraductal ultrasonography through the percutaneous transhepatic cholangiographic drainage tube revealed a fibrous heterogeneous hyperechoic appearance without fluid collection, vessels or foreign bodies between the common bile duct and jejunum (arrow).

Recent Publications

1. Takao S, Matsuo Y, Shinchi H, Nakajima S, Aikou T et al. (2001) Magnetic compression anastomosis for benign obstruction of the common bile duct. *Endoscopy*. 33(11):988-990.
2. Mimuro A, Tsuchida A, Yamanouchi E, Itoi T, Ozawa T et al. (2003) A novel technique of magnetic compression anastomosis for severe biliary stenosis. *Gastrointest Endosc*. 58(2):283-287.
3. Suyama K, Takamori H, Yamanouchi E, Tanaka H, Sakamoto Y et al. (2010) Recanalization of obstructed choledochojejunosomy using the magnet compression anastomosis technique. *Am. J Gastroenterol*. 105(1):230-231.
4. Jang S I, Lee K H, Yoon H J, Lee D K (2016) Treatment of completely obstructed benign biliary strictures with magnetic compression anastomosis: follow-up results after recanalization. *Gastrointest Endosc*. 85(5):1057-1066. Doi:10.1016/j.gie.2016.08.047.
5. Itoi T, Kasuya K, Sofuni A, Itokawa F, Tsuchiya T et al. (2011) Magnetic compression anastomosis for biliary obstruction: review and experience at Tokyo Medical University Hospital. *J Hepatobiliary Pancreat. Sci*. 18(3):357365.

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Biography

Hideaki Kawabata is a core Clinical Gastroenterologist and is currently the Director of the Department of Kyoto Okamoto Memorial Hospital, Head of the Gastroenterological Center and Chief of the Palliative Care Team in the hospital. He is also a Specialist and Councilor in the Japanese Society of Gastroenterology and the Japan Gastroenterological Endoscopy Society and a Specialist in the Japanese Society of Internal Medicine and the Japanese Society of Gastrointestinal Cancer Screening.

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