

LESÕES BENIGNAS DAS VIAS BILIARES

Orlando Jorge M. Torres

Full Professor and Chairman

Department of Gastrointestinal Surgery

Hepatopancreatobiliary Unit

Federal University of Maranhão - Brazil

Caso clínico

AKLM, feminino, 29 anos

Colelitíase

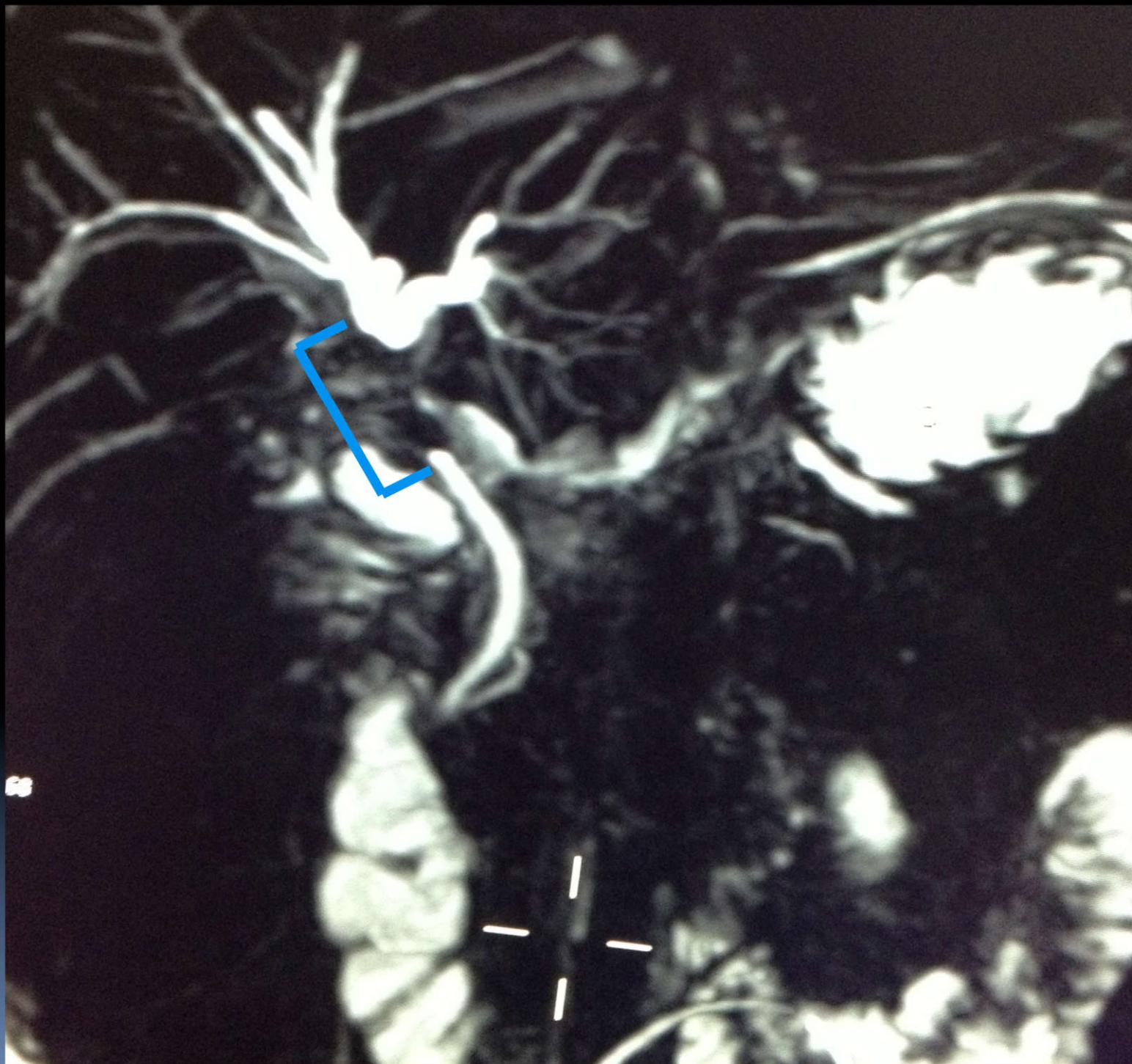
Colecistectomia VL

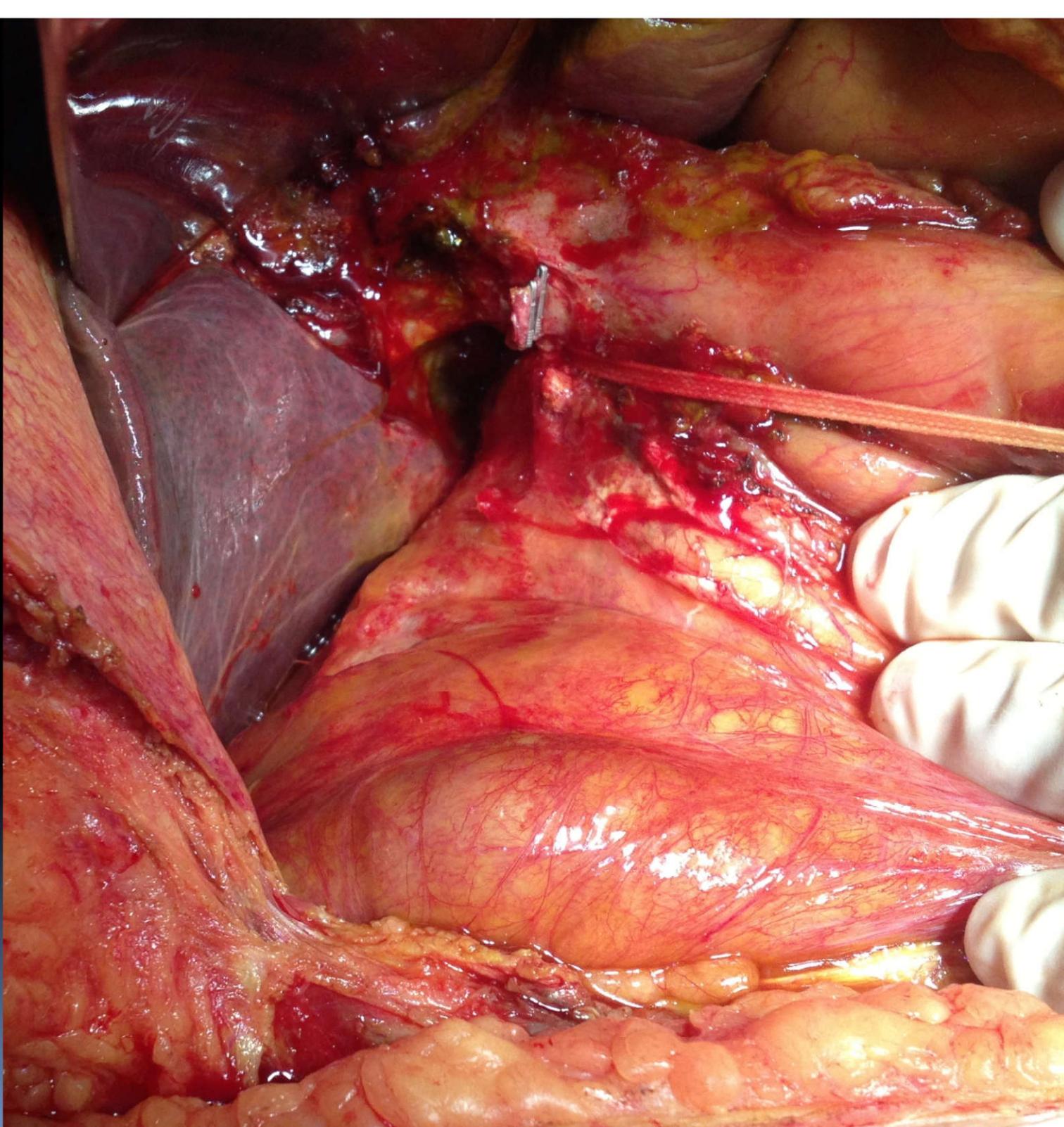
Icterícia no 2º DPO

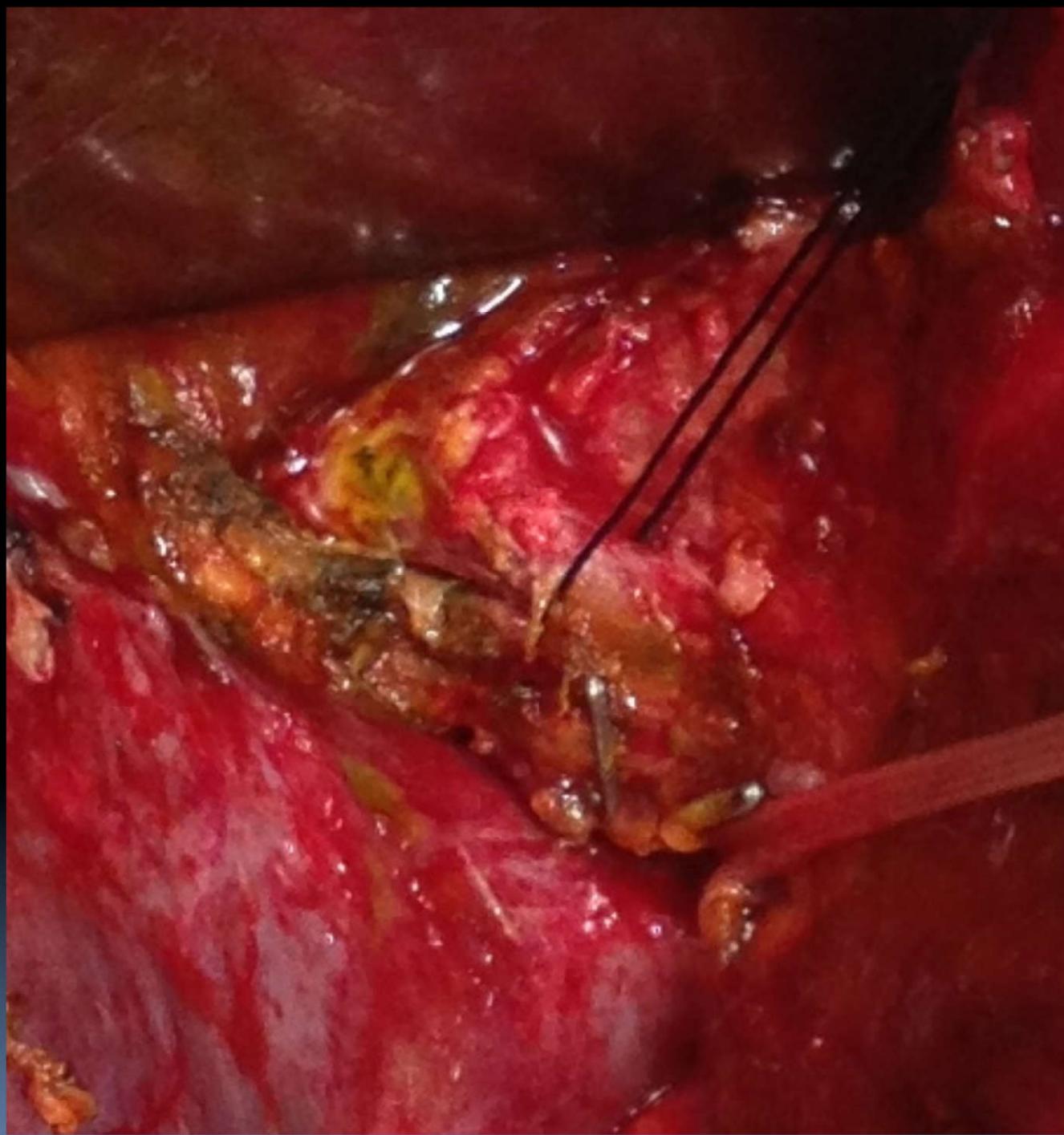
Médico: cálculo residual

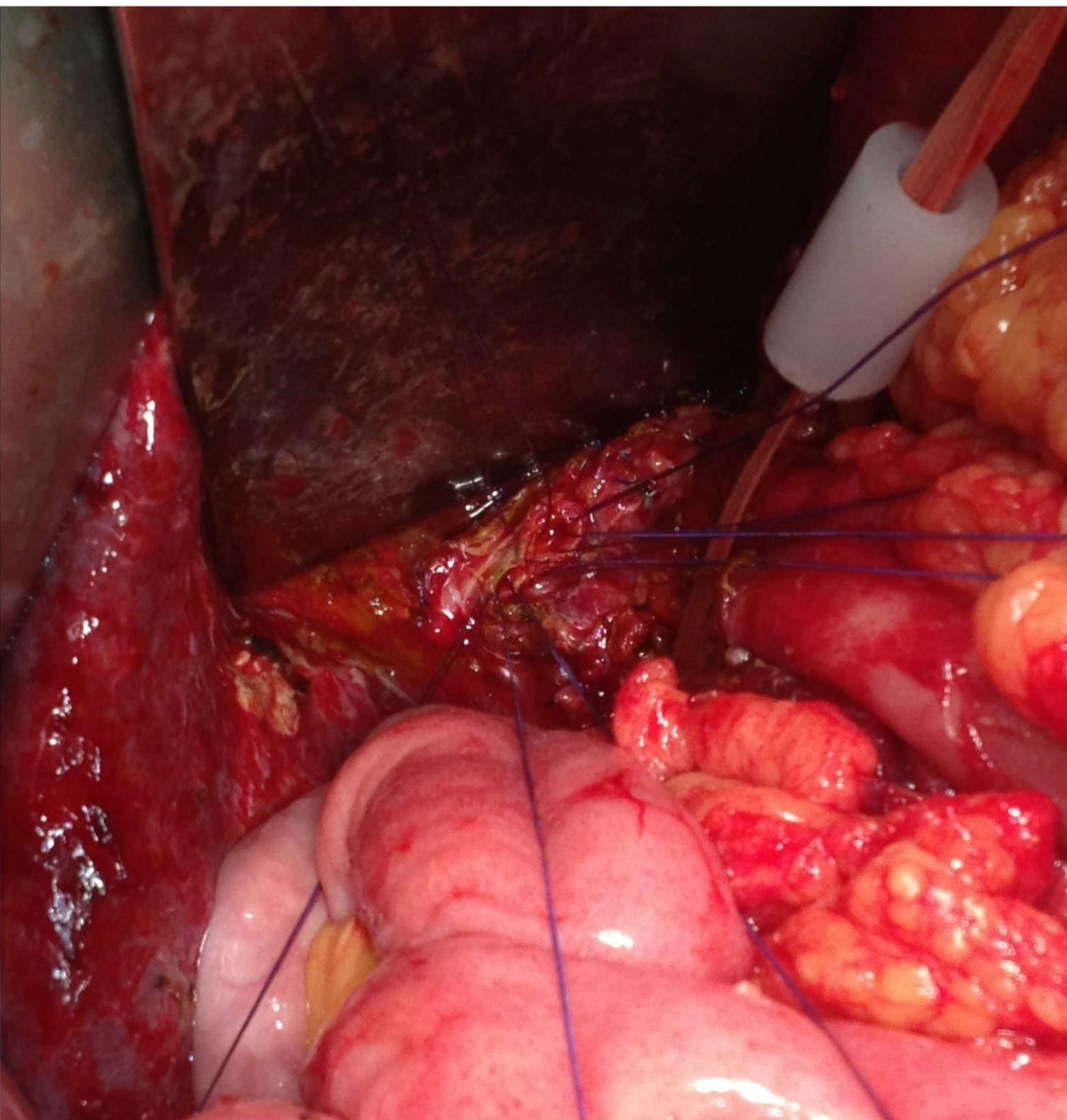
CPRE

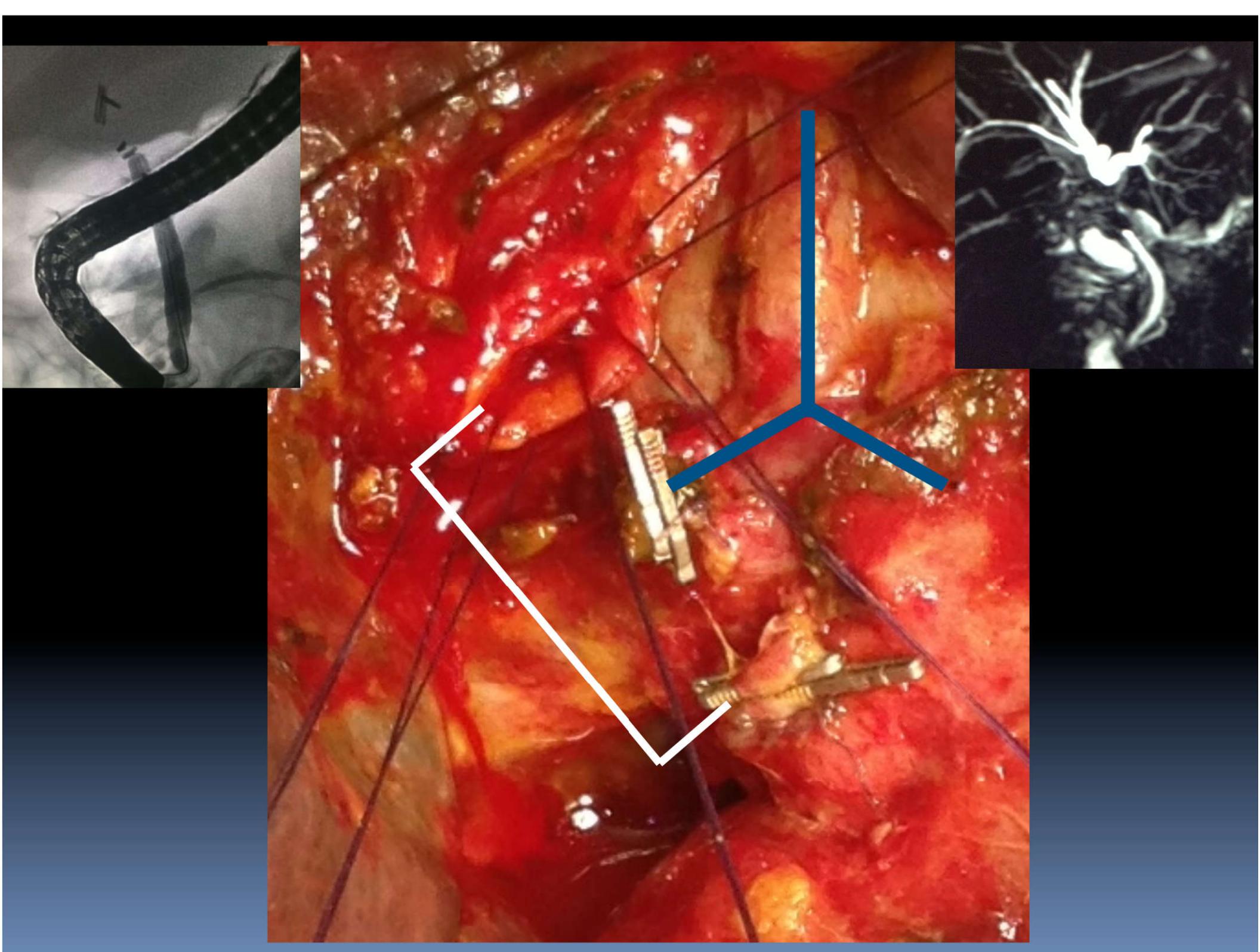












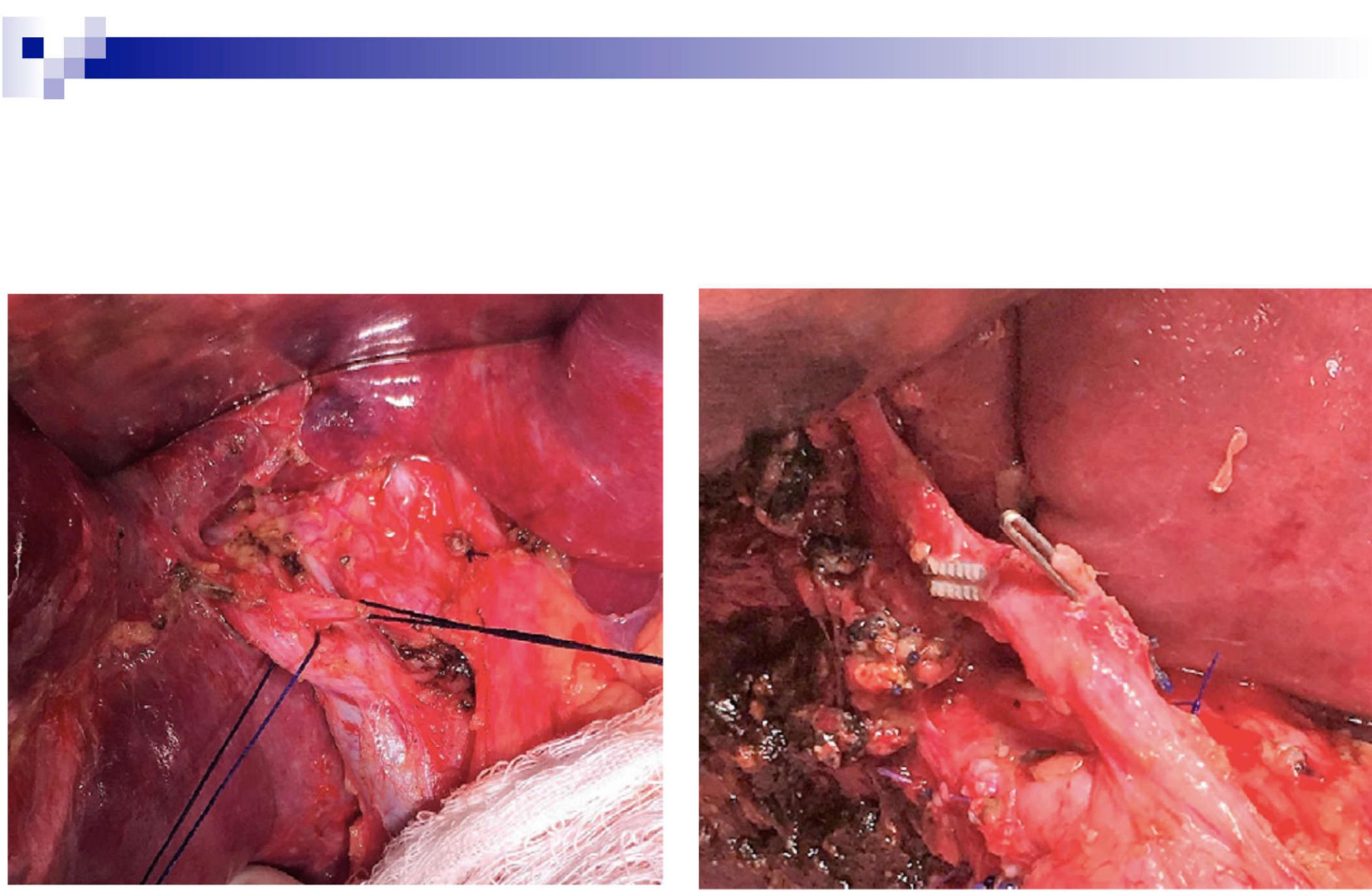
CASE REPORT

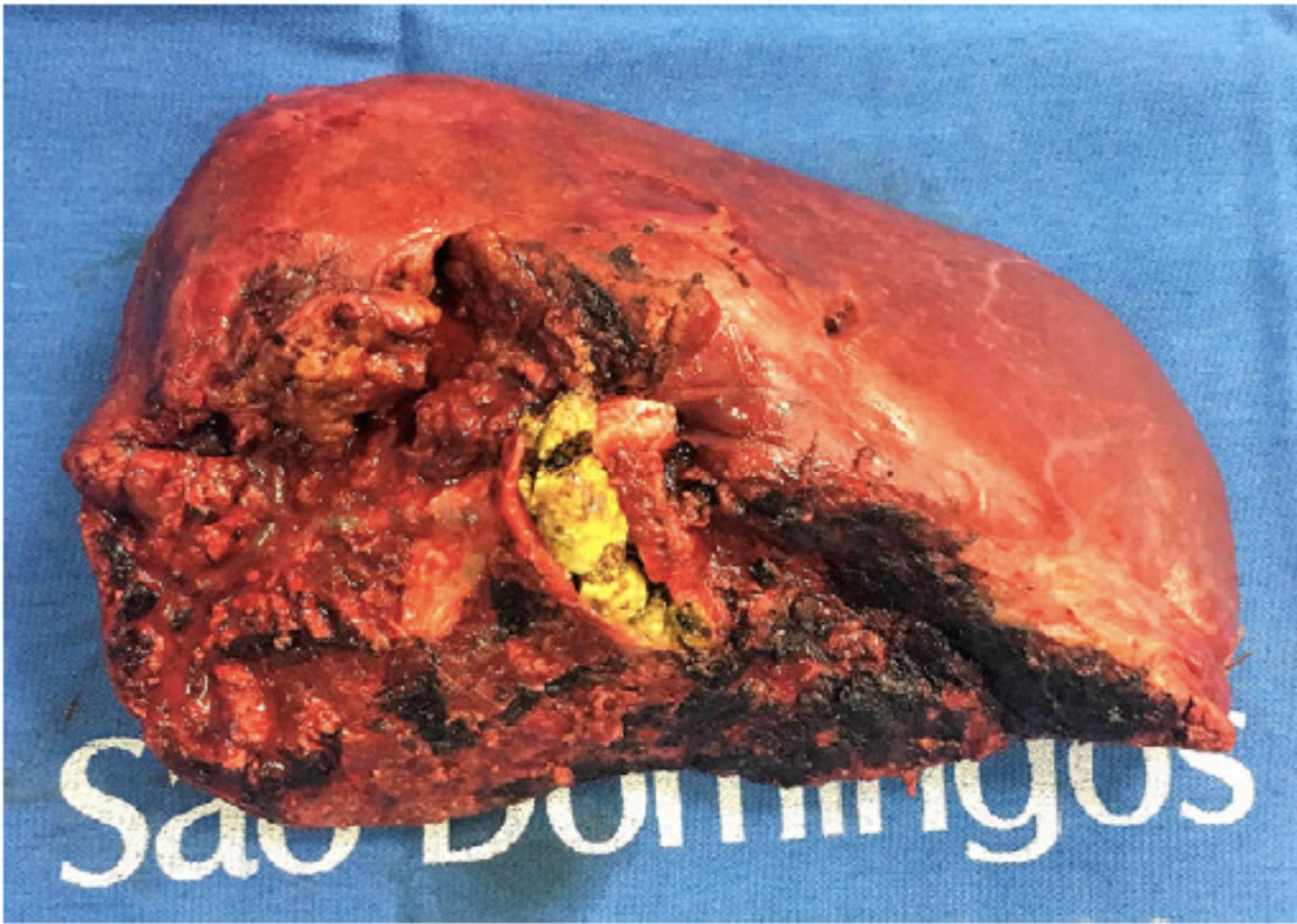
Right hepatectomy due to hepatolithiasis caused by endoclip migration after laparoscopic cholecystectomy: a case report

Orlando J. M. Torres^{1,*}, Romerito F. Neiva¹, Camila C. S. Torres¹,
Theago M. Freitas¹, and Eduardo S. M. Fernandes²



IC - Abdomen 1
Body 3.0
08/03/2017 00:22
7302-
LOC: -16
THK





Sao Domingos

Classificar a lesão

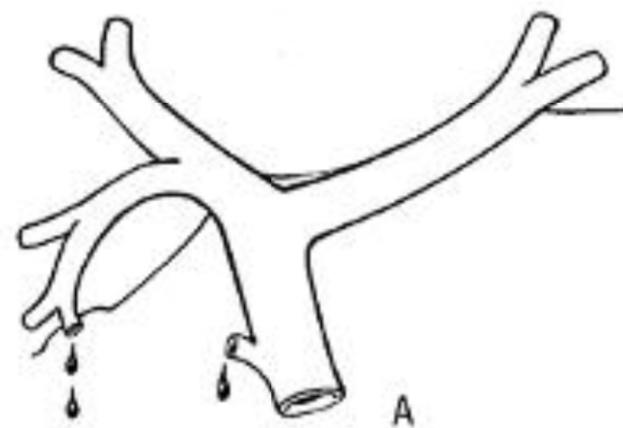


Steven Strasberg



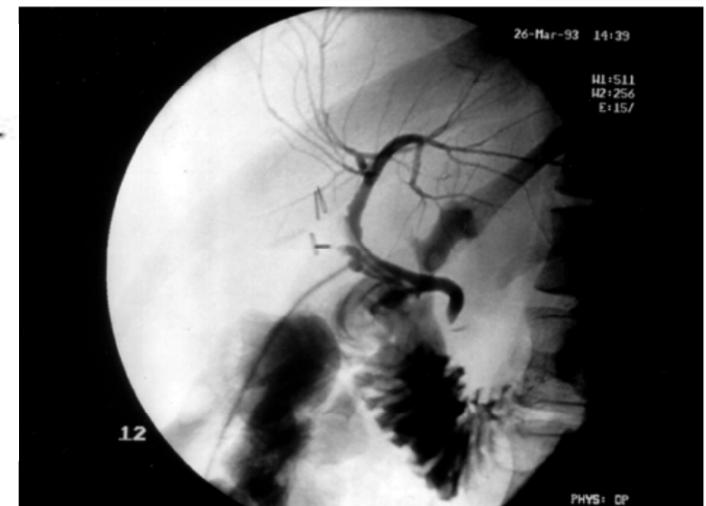
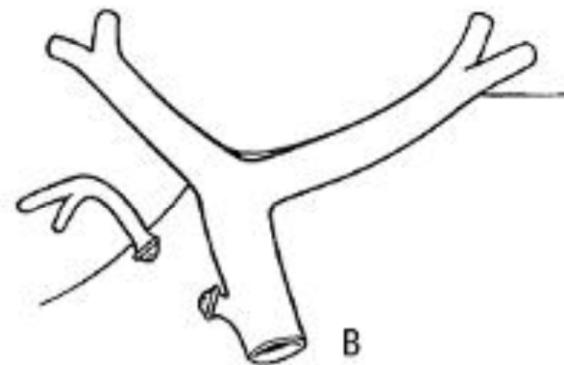
Tipo A

Vazamento biliar de um ducto menor, ainda em continuidade com o ducto biliar comum



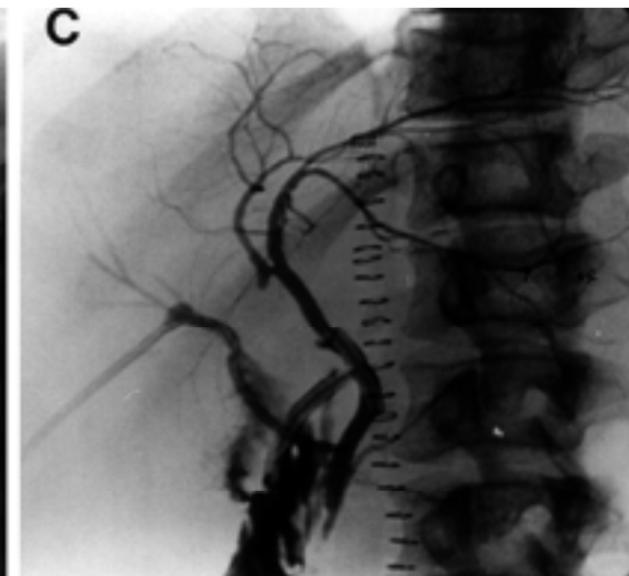
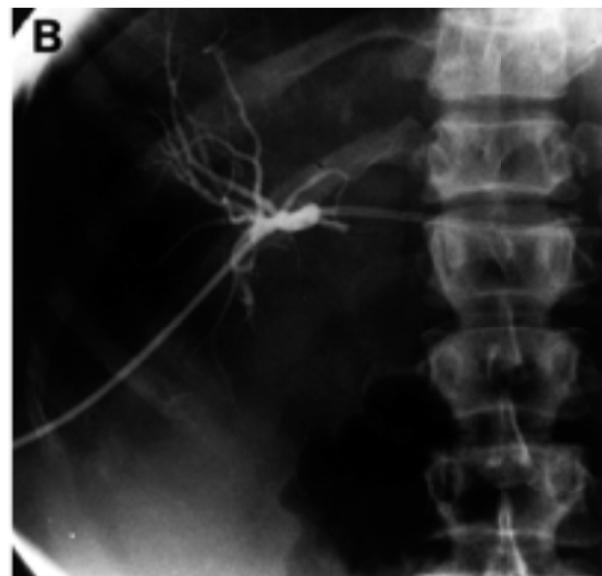
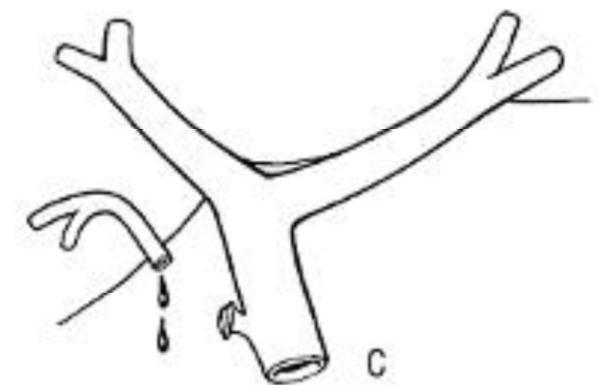
Tipo B

Oclusão de parte da árvore biliar



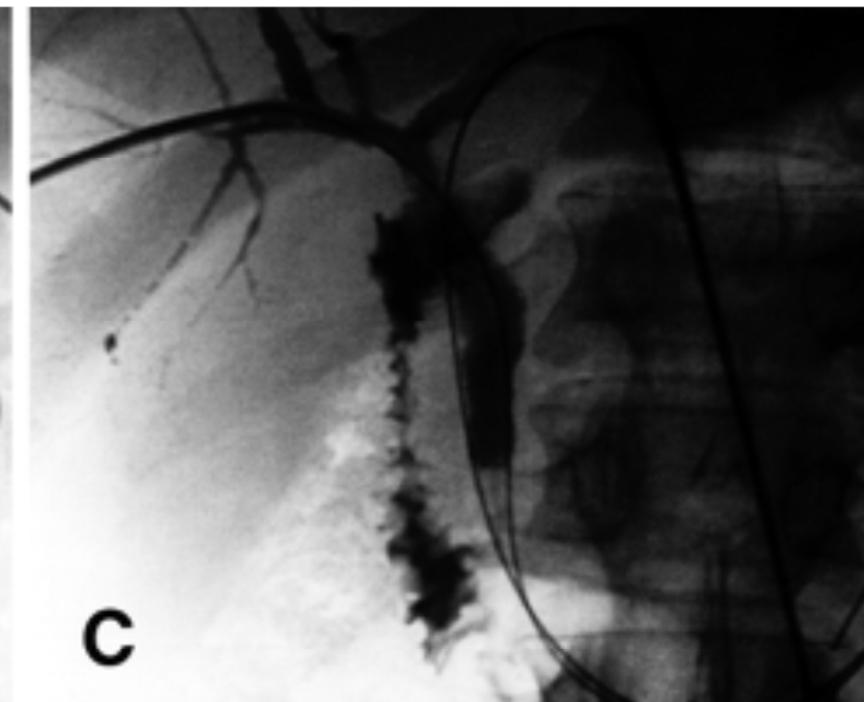
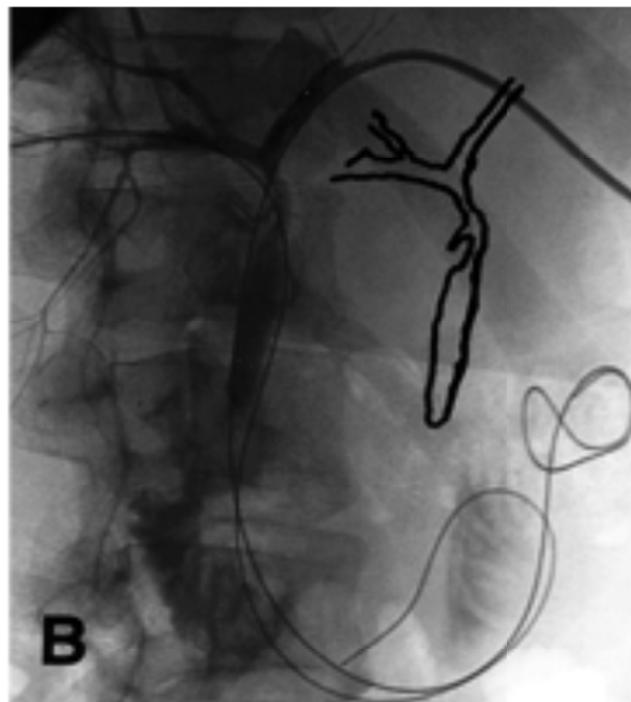
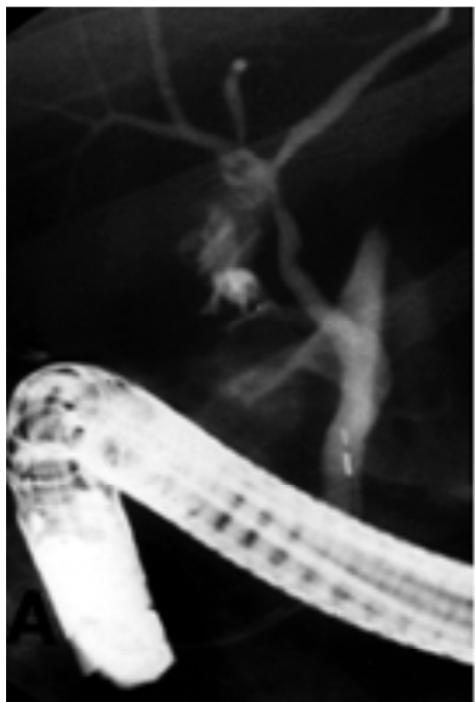
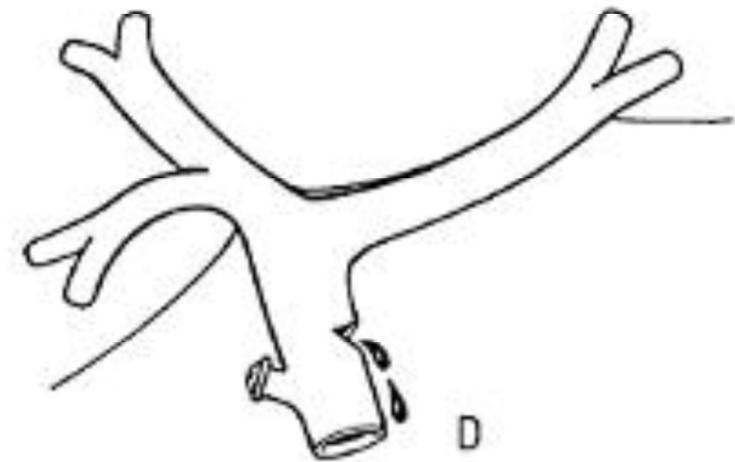
Tipo C

Vazamento biliar de ducto que não está em comunicação com o ducto biliar comum.



Tipo D

Lesão lateral do ducto biliar extra-hepático.

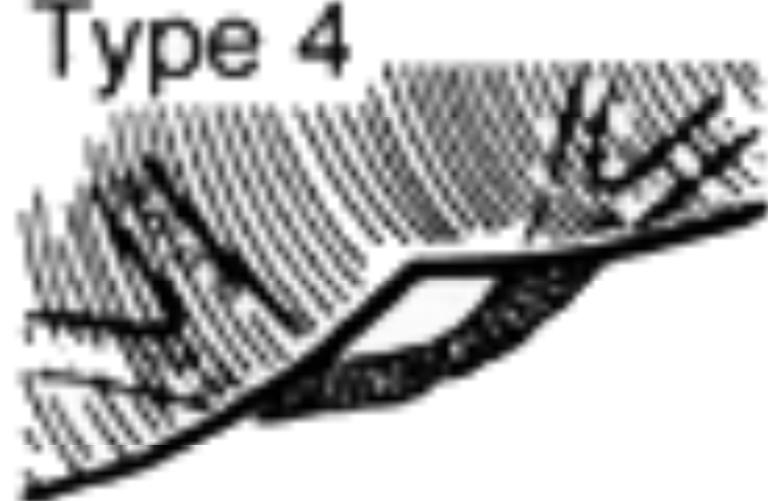
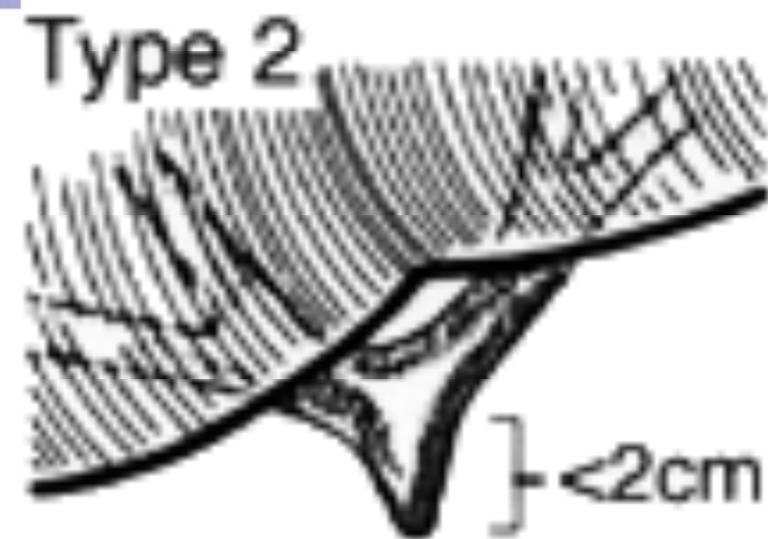
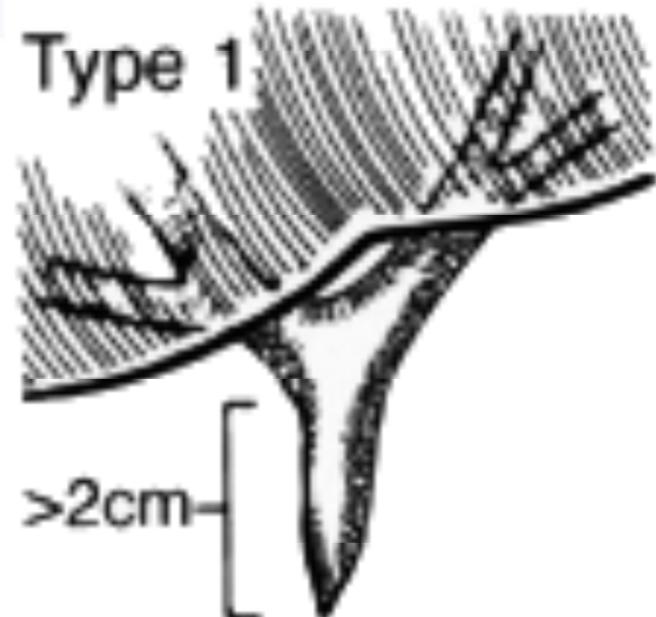


Tip E

Semelhante à de Bismuth (E1 – E5)



Henry Bismuth



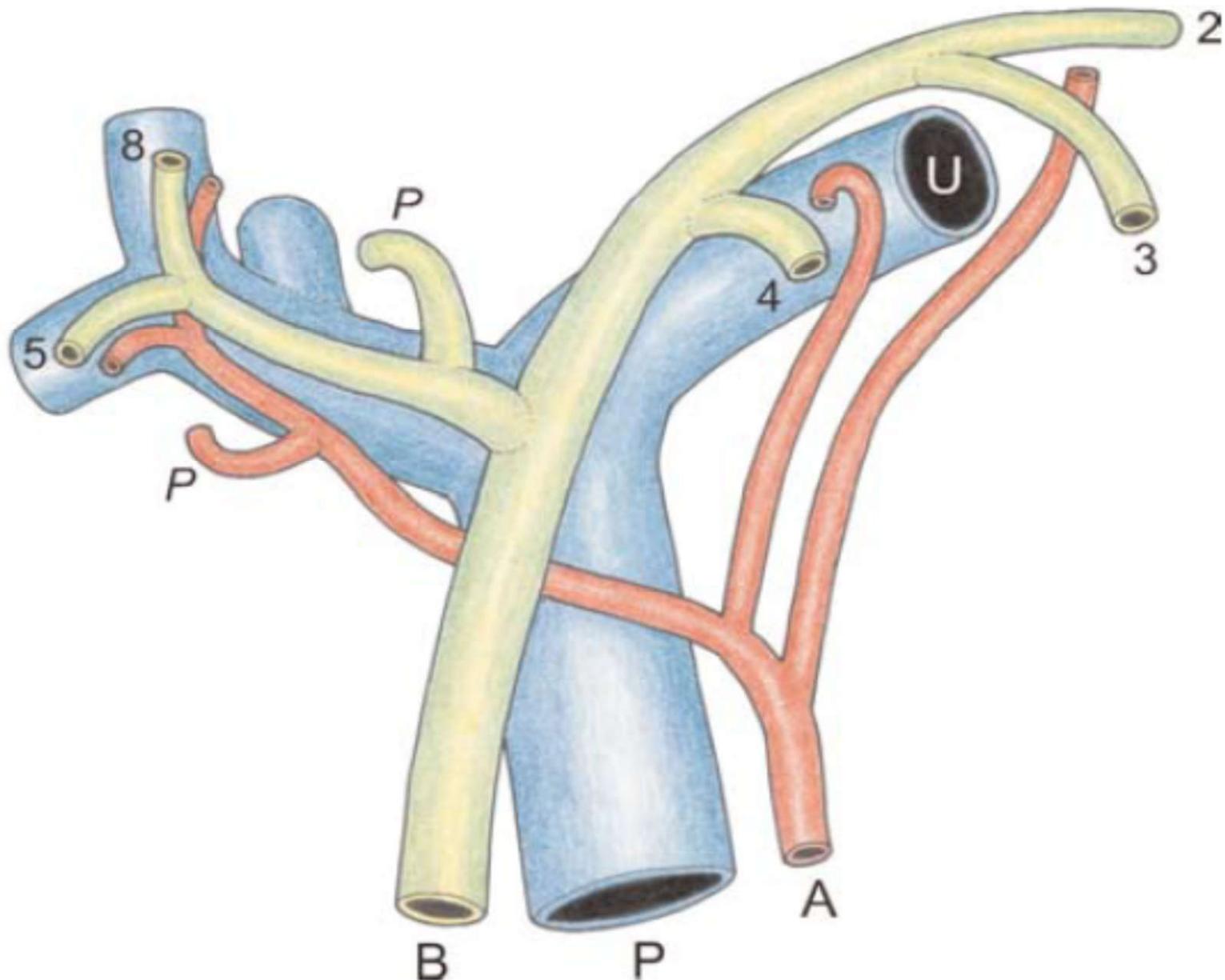
ICTERÍCIA



FÍSTULA BILIAR



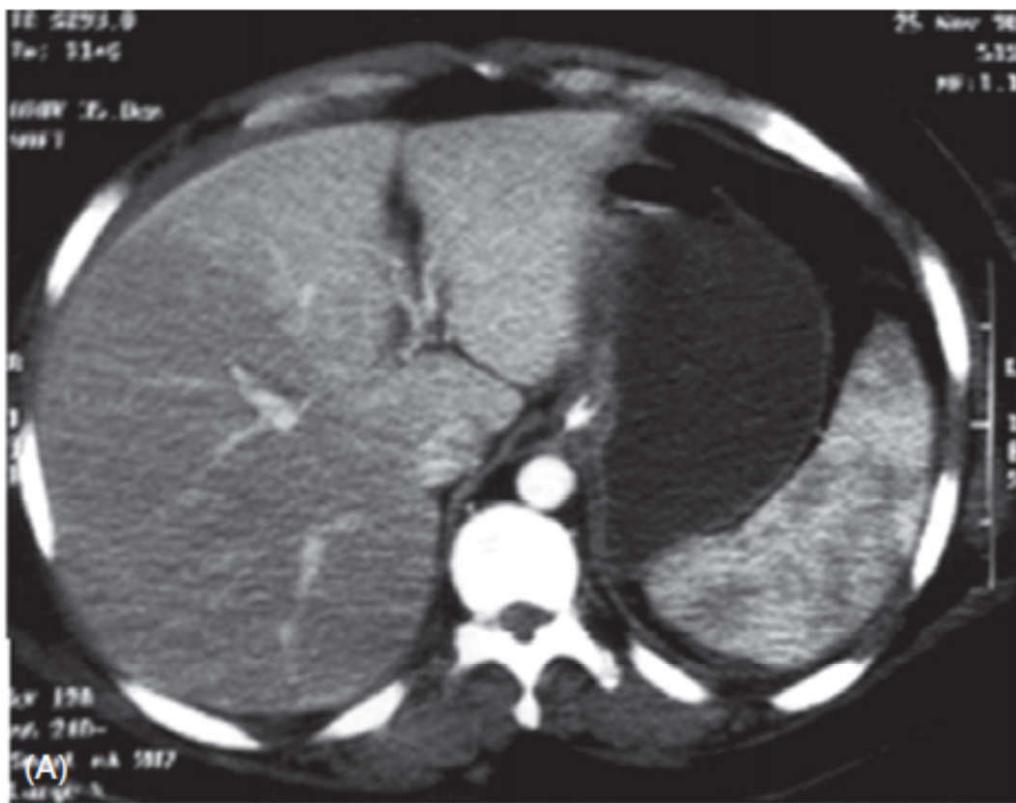
AVALIAR ENVOLVIMENTO VASCULAR



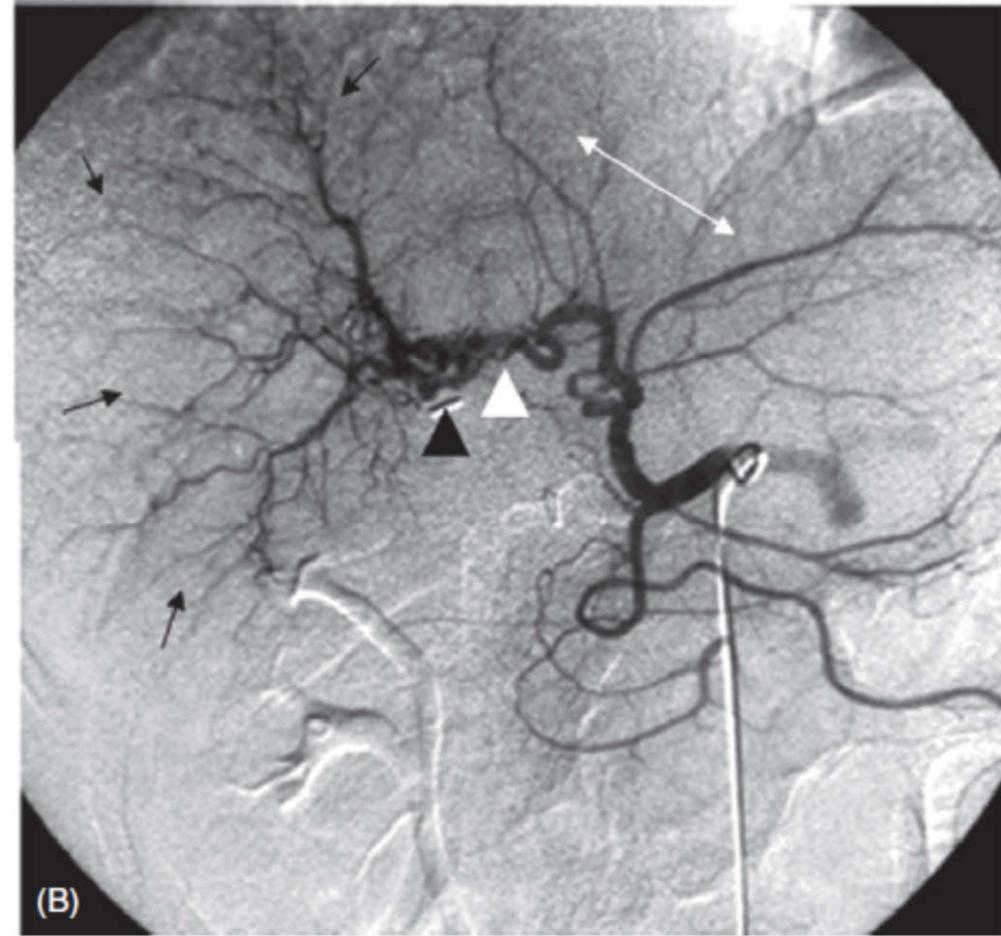
LESÃO VASCULAR ASSOCIADA

- Biloma
- Áreas de isquemia
- Disfunção hepática

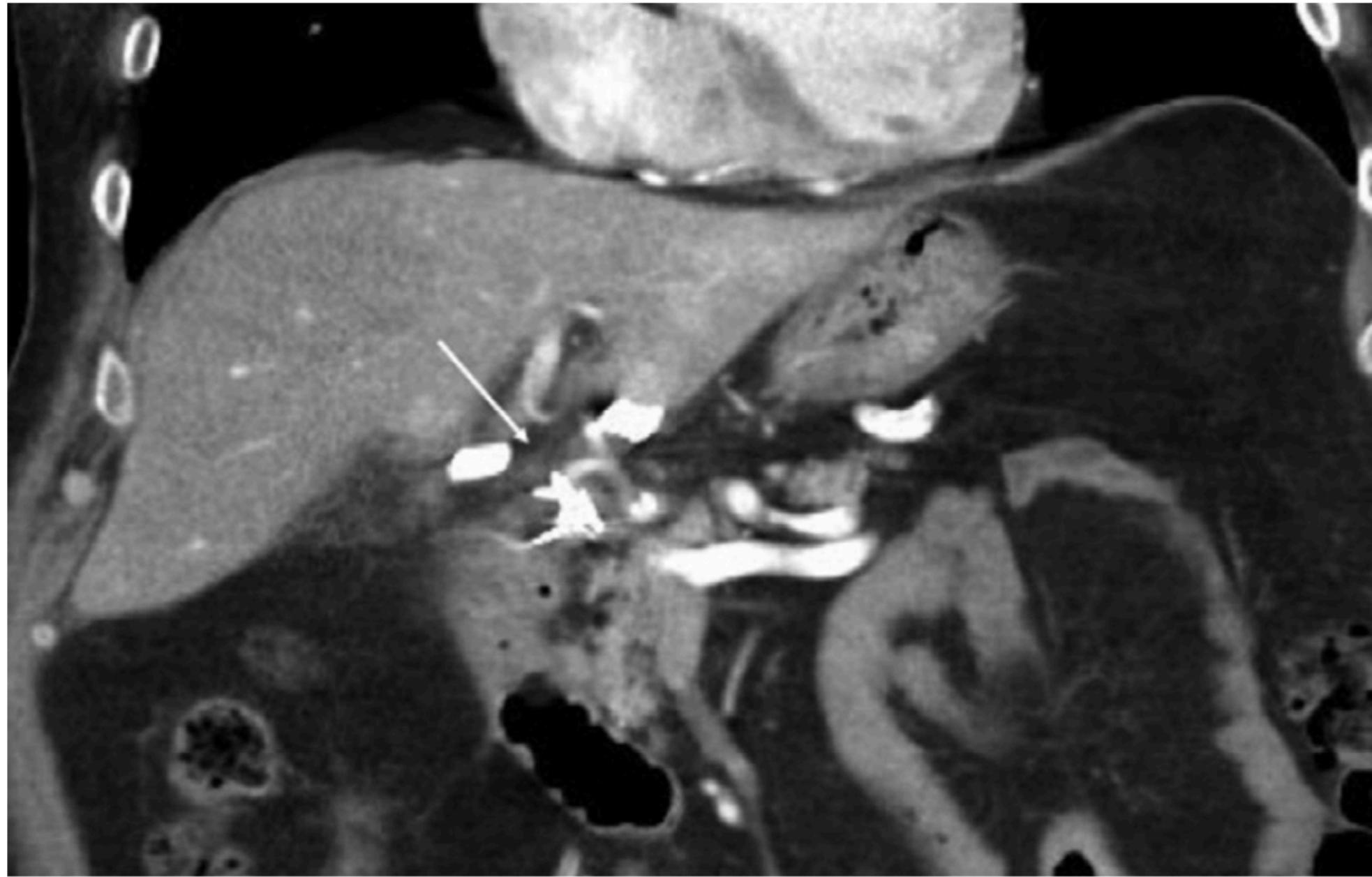
AVALIAR ENVOLVIMENTO VASCULAR



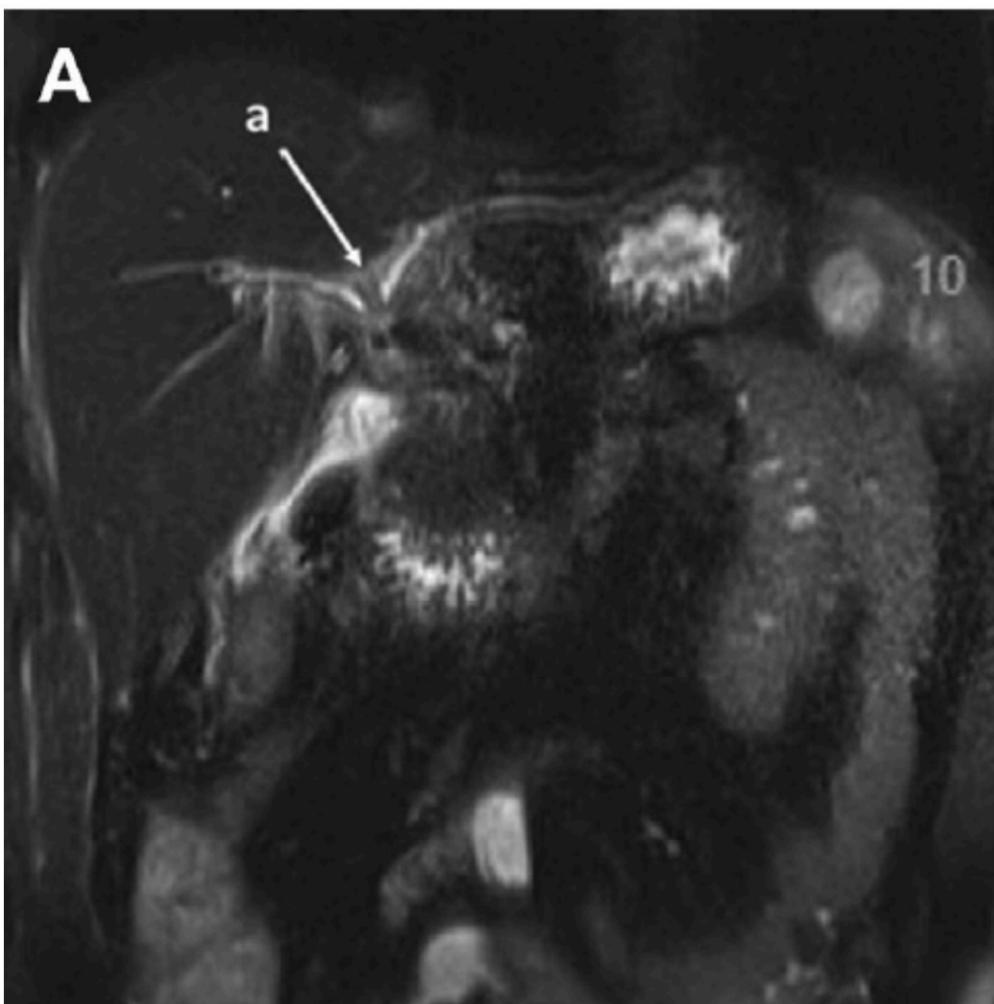
AVALIAR ENVOLVIMENTO VASCULAR



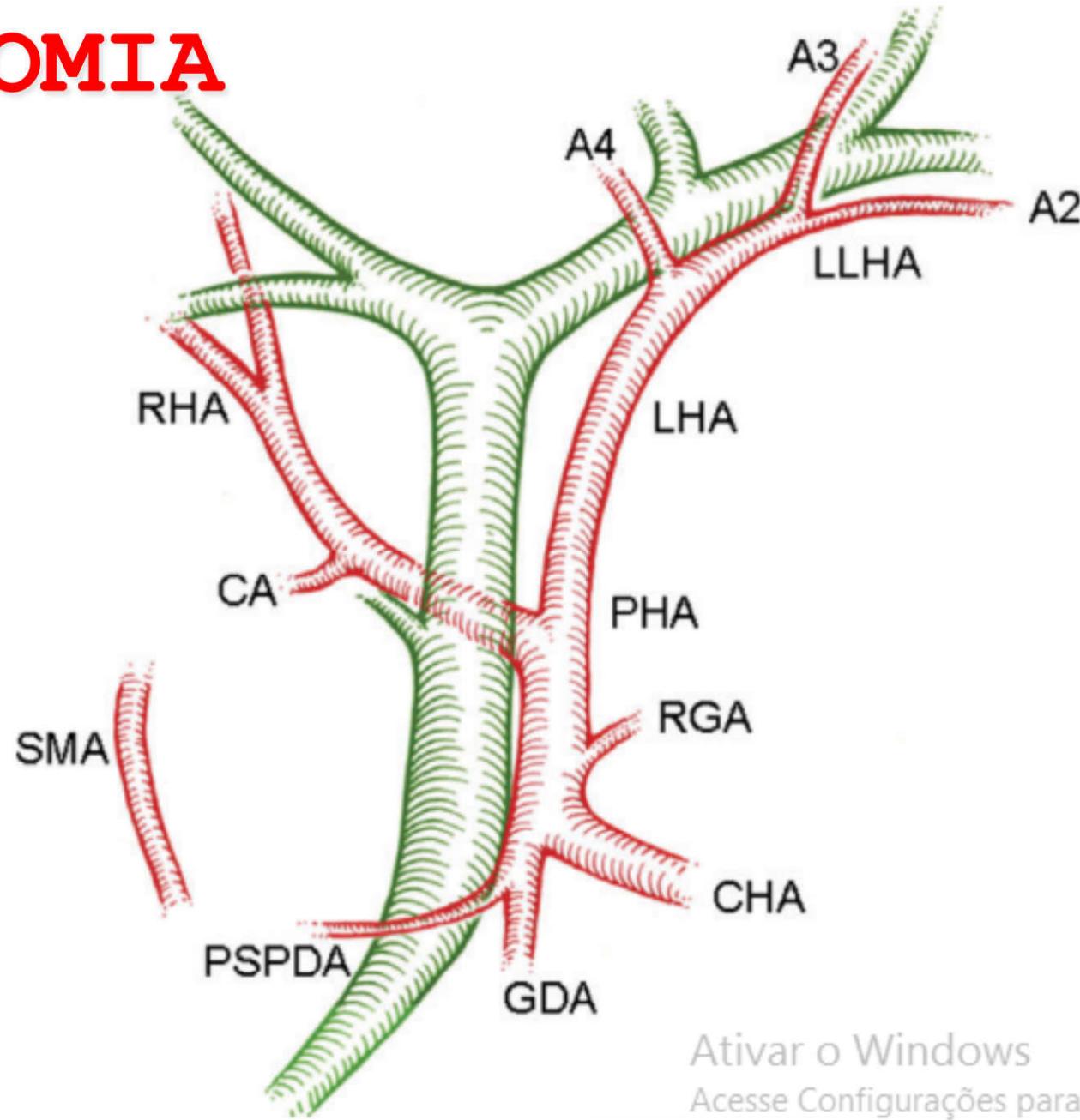
LESÃO VASCULAR ASSOCIADA



LESÃO VASCULAR ASSOCIADA

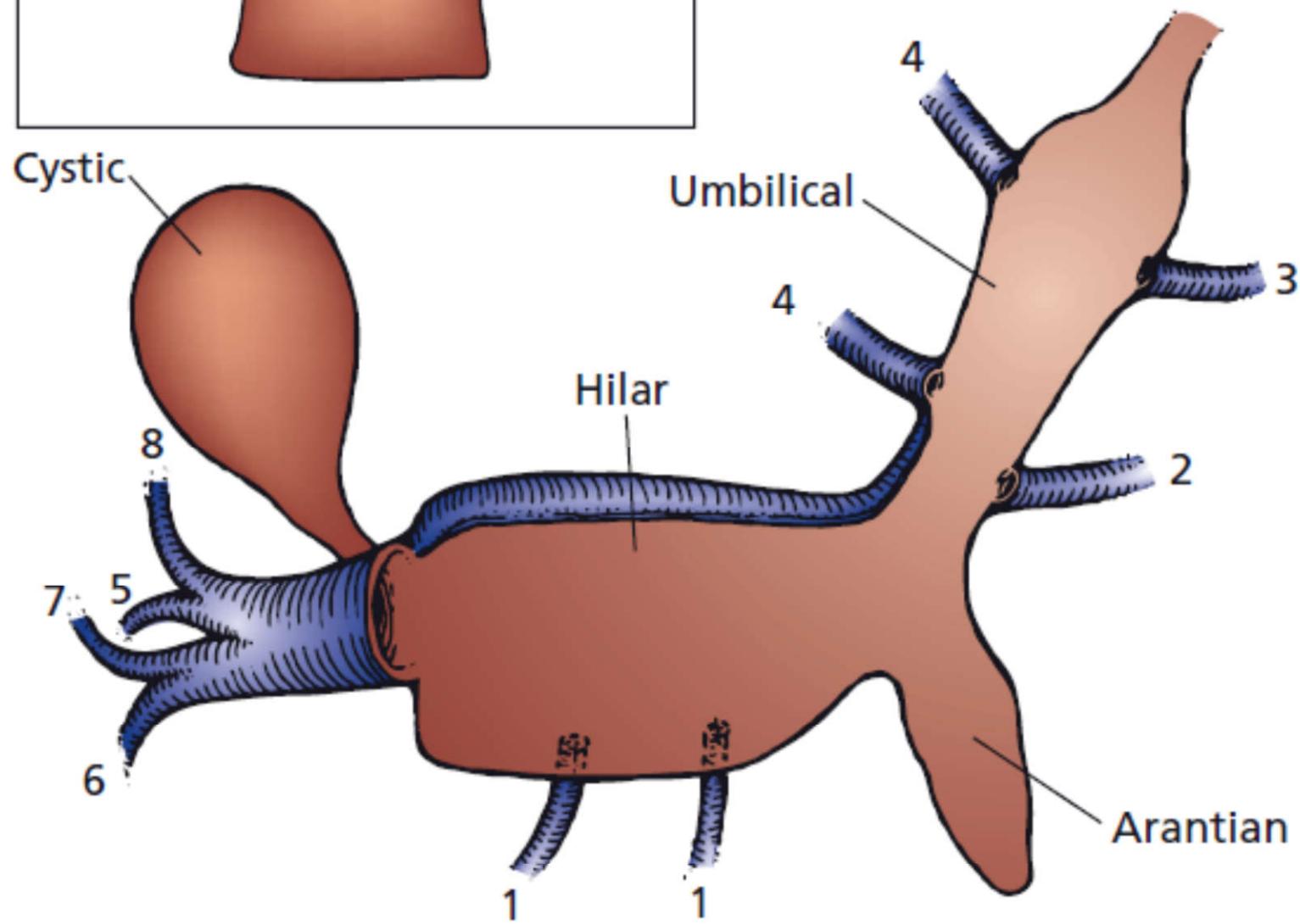
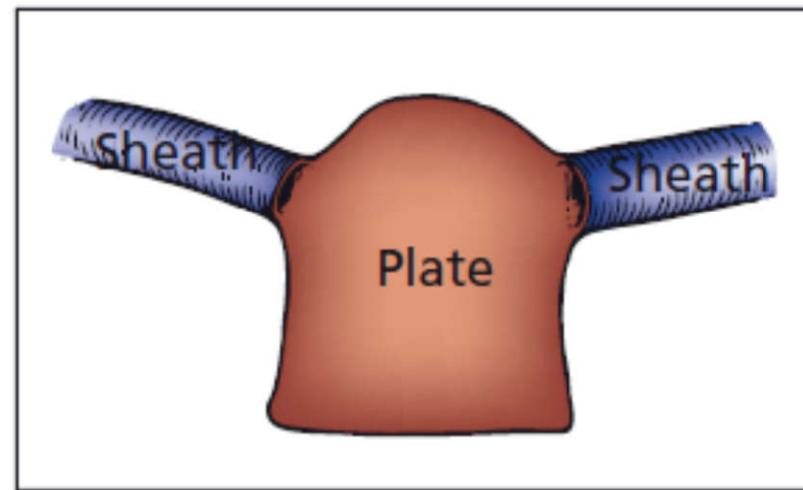


ANATOMIA



Ativar o Windows
Acesse Configurações para ativar

ANATOMIA



Reminder of important clinical lesson

CASE REPORT

Bile duct injury: to err is human; to refer is divine

Saket Kumar,^① Pavan Kumar, Abhijit Chandra

REPARO CIRÚRGICO

- Reparo precoce por cirurgião HPB
- Pode ser tão efetivo quanto o tardio
- Não deve ser realizado pelo primeiro cirurgião

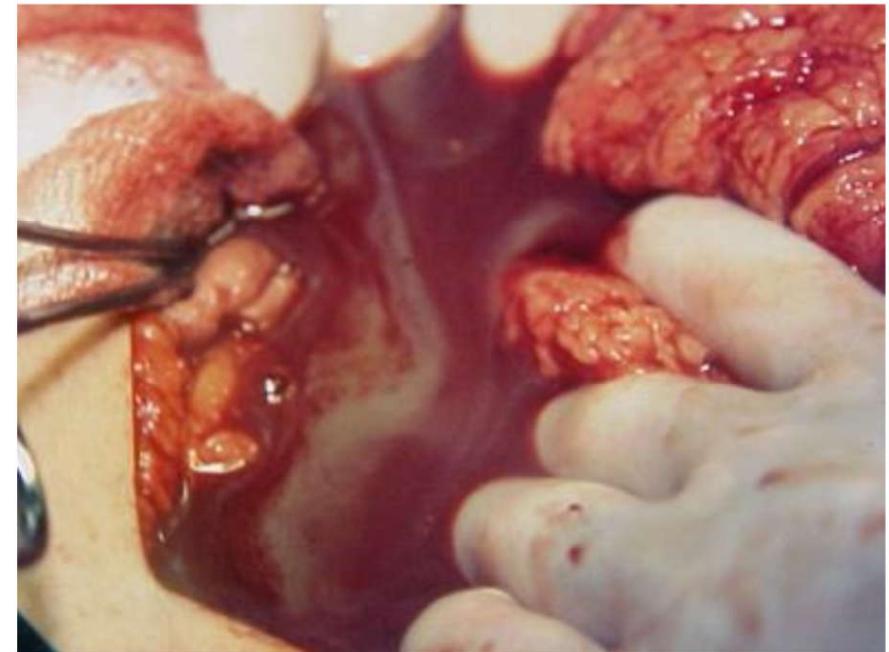
NO MOMENTO DA LESÃO

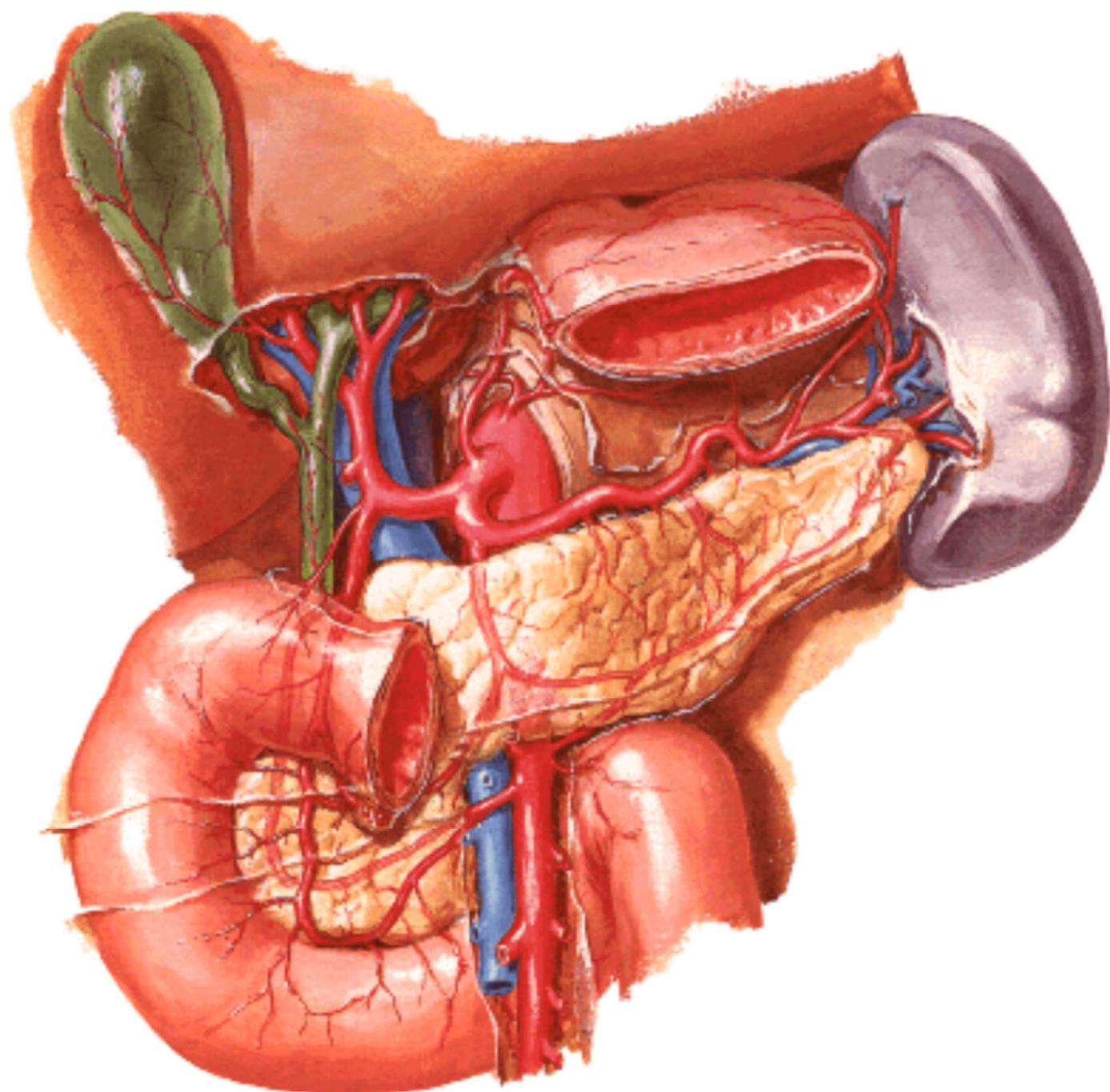
- Ligadura da via biliar
- Colocação de sonda dentro da via biliar

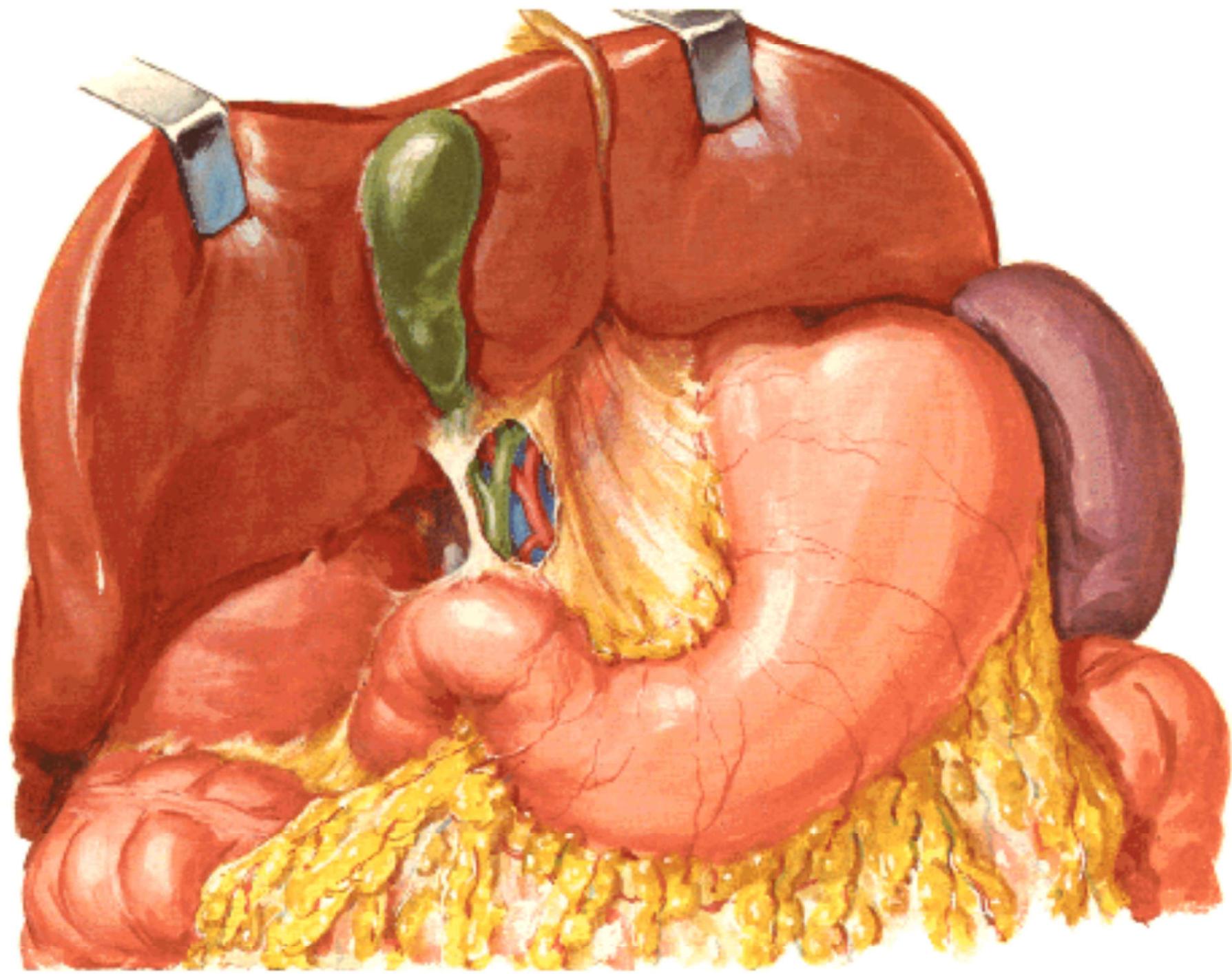
NÃO DEVE SER REALIZADO DE ROTINA

REOPERAÇÃO IMEDIATA

- Importante coleperitôneo
- Infecção



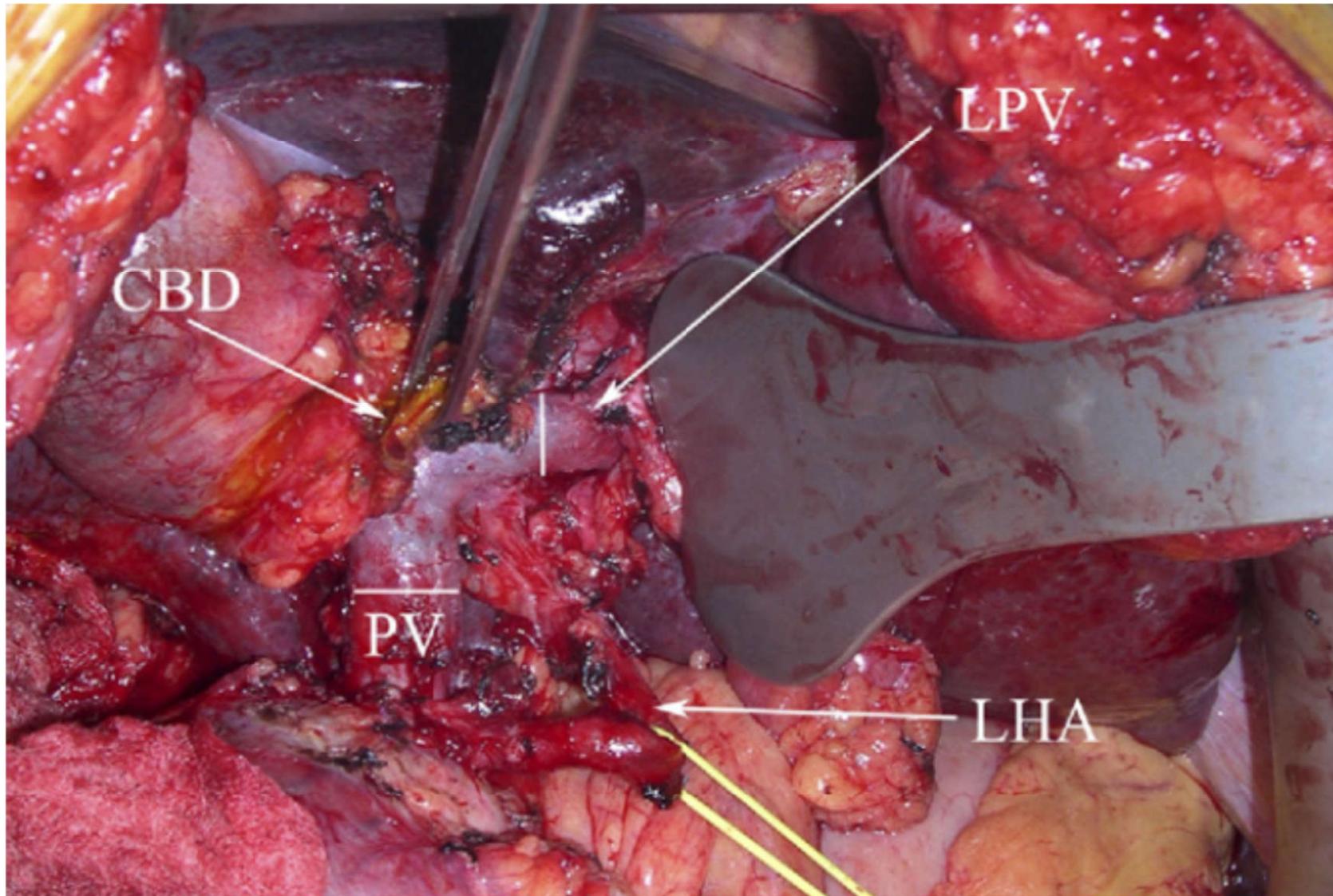




PROCEDIMENTOS

- Reparo simples
- Anastomose termino-terminal
- Anastomose bilio-entérica
- Ressecção hepática
- Transplante hepático

PORTAL VEIN INVOLVEMENT



REPARO IMEDIATO

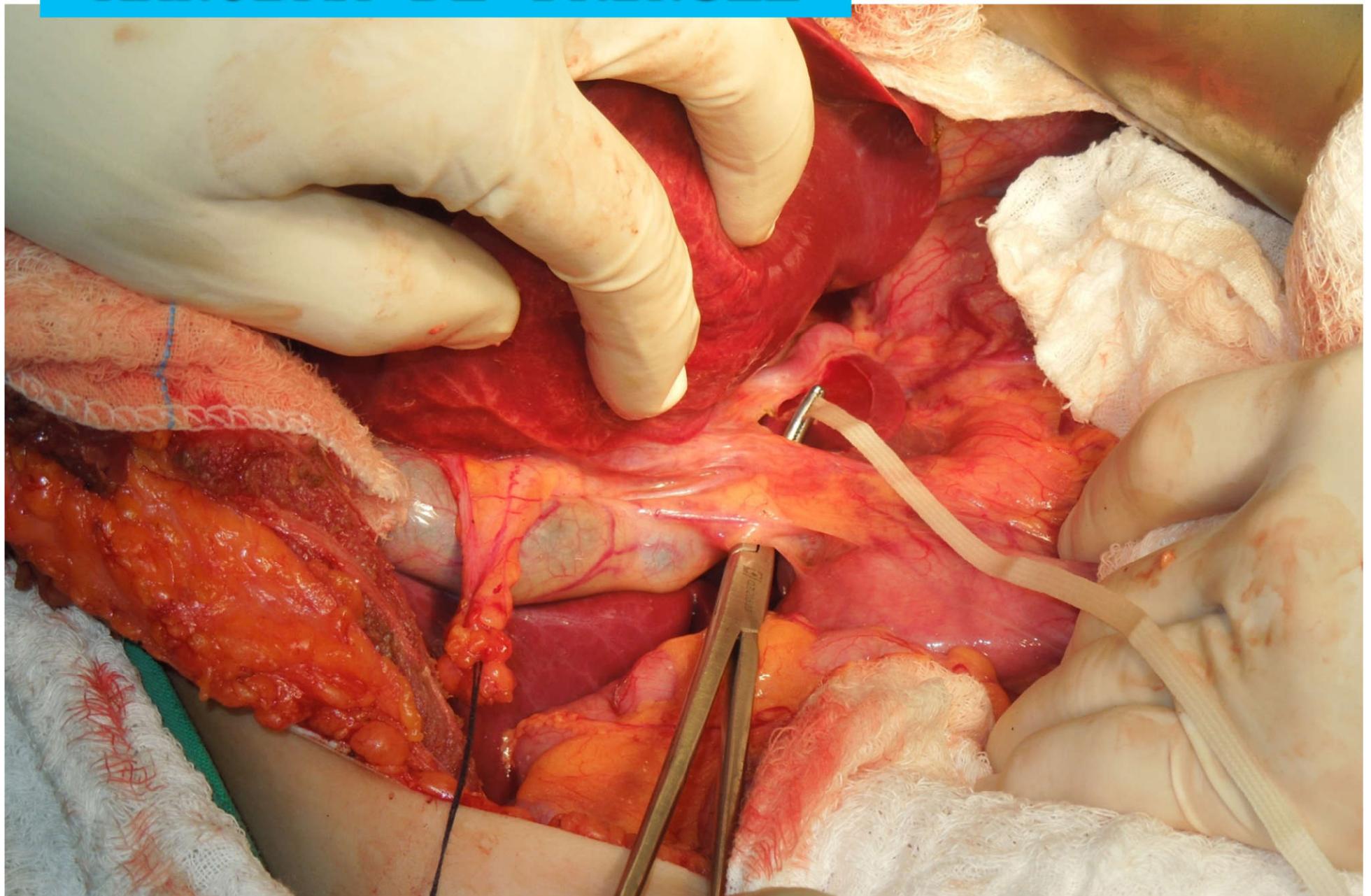
- Colangite aguda
- Abscesso hepático
- Coleperitôneo
- Fístula biliar externa
- Icterícia progressiva

CONTRA-INDICAÇÕES

DISSECÇÃO DO HILO

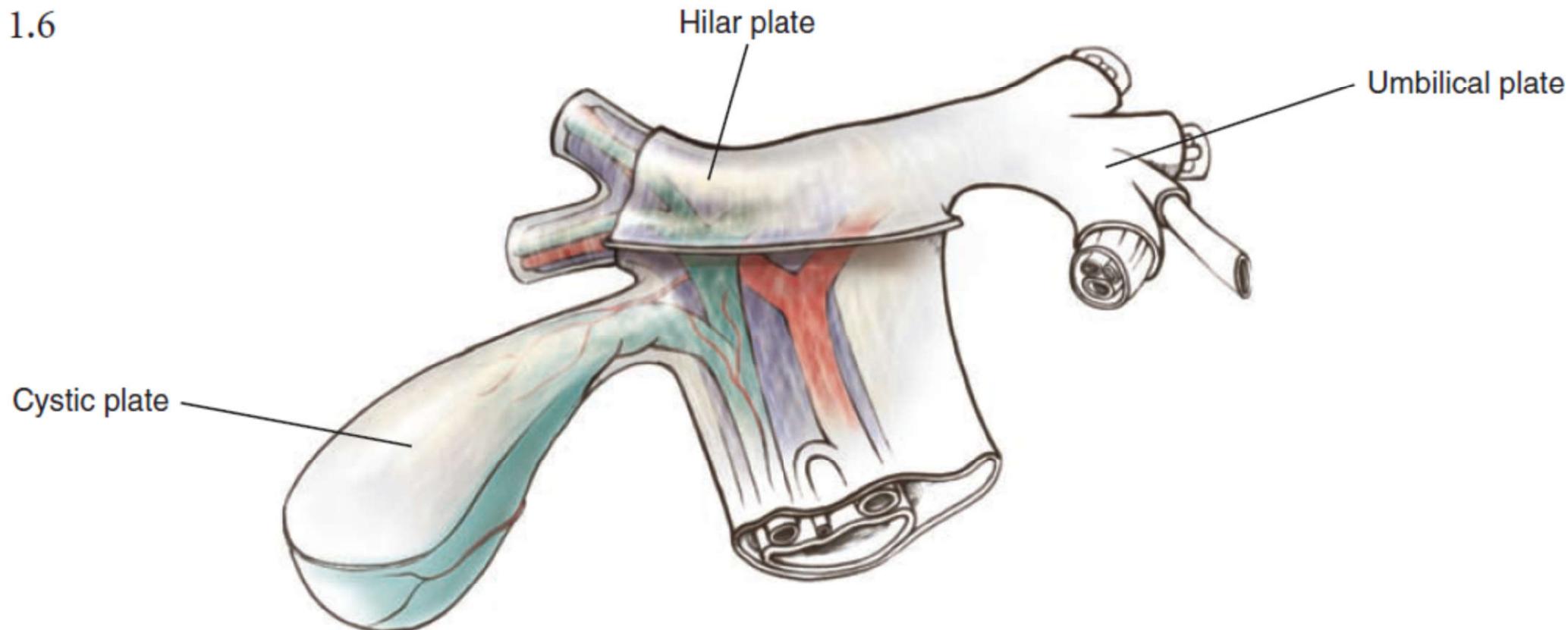
- Incisão
- Aderências
- Lesões vasculares
- Rebaixamento da placa hilar
- Identificação da via biliar

MANOBRA DE PRINGLE



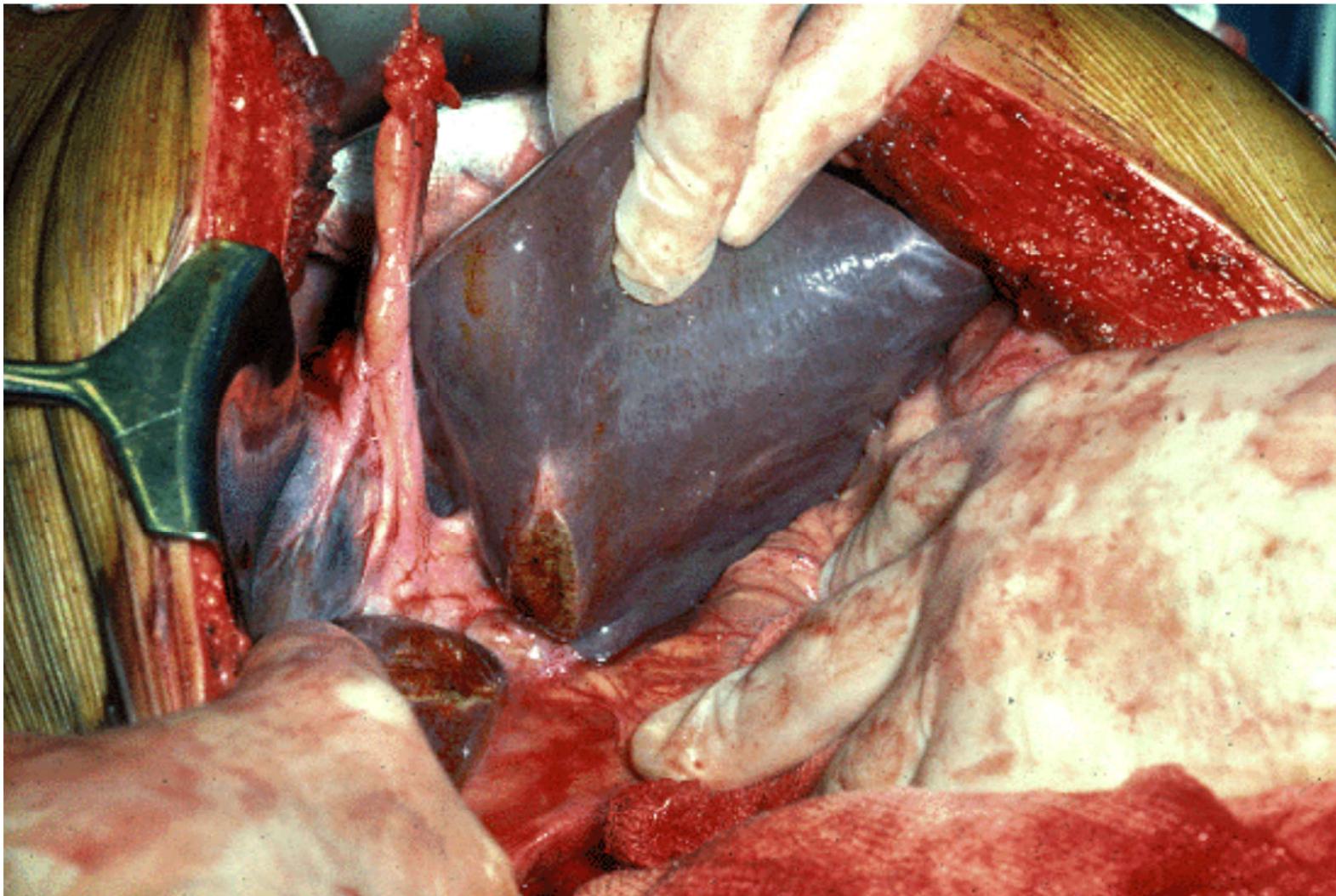
CONTROLE DO HILO

1.6

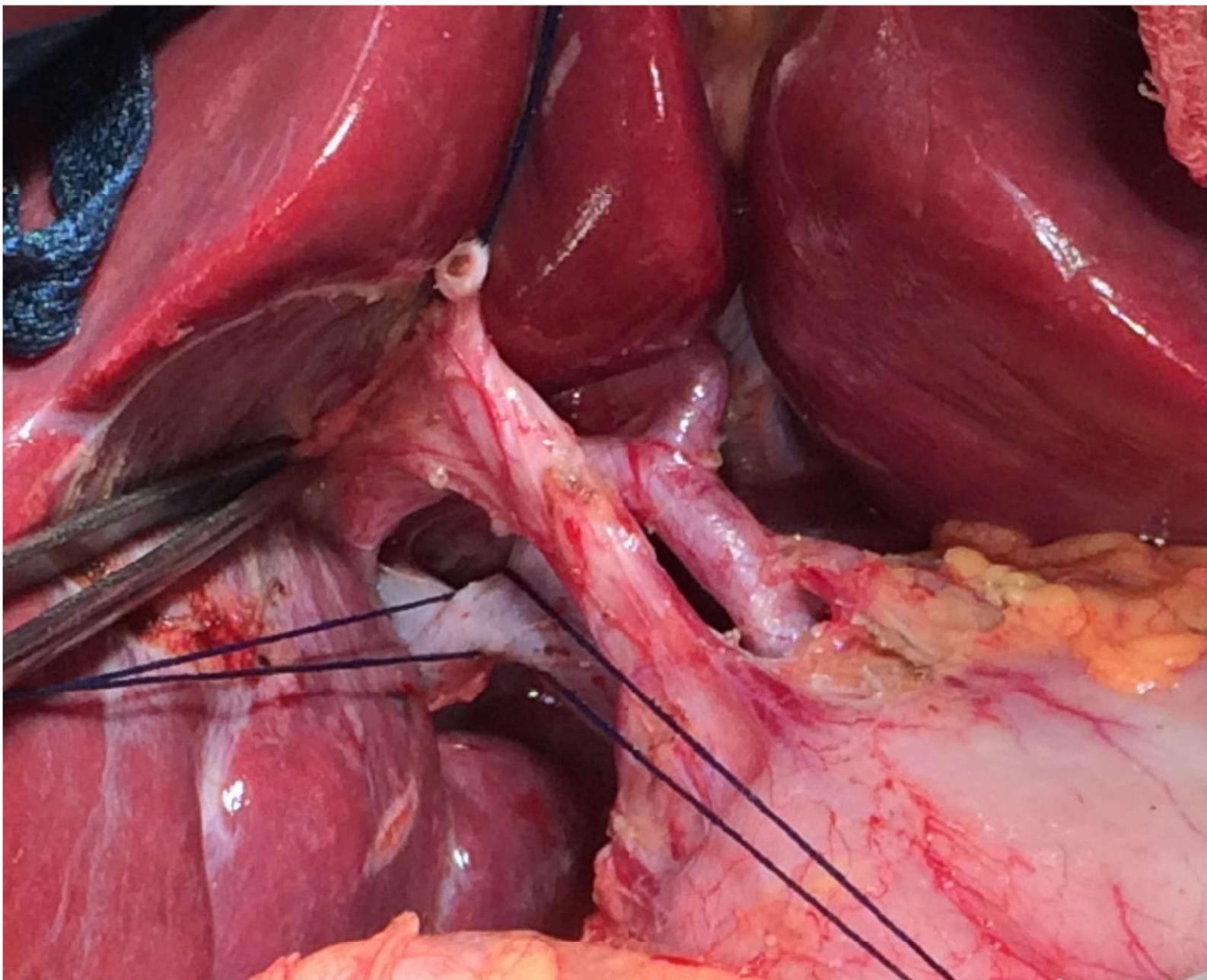


DISSECÇÃO DO HILO

- Aderências
- Lesões vasculares
- Rebaixamento da placa hilar
- Identificação da via biliar

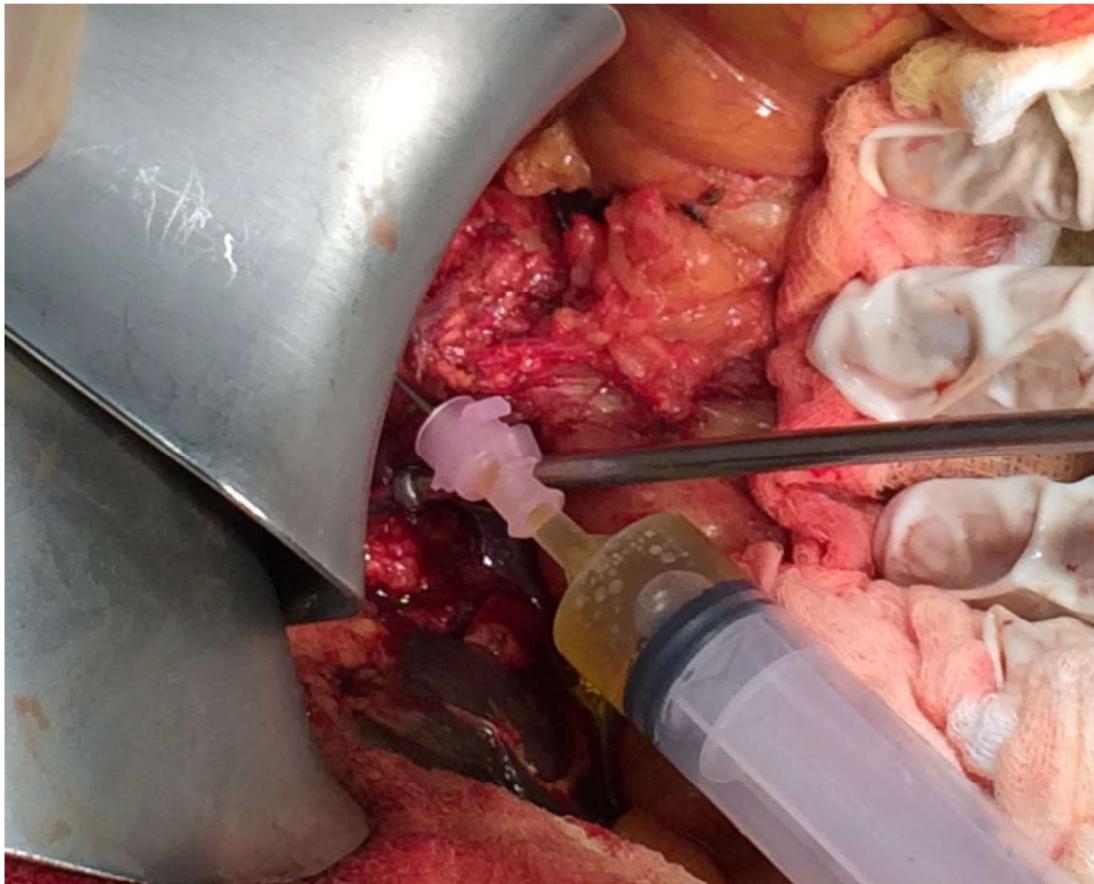


CONTROLE DO HILO



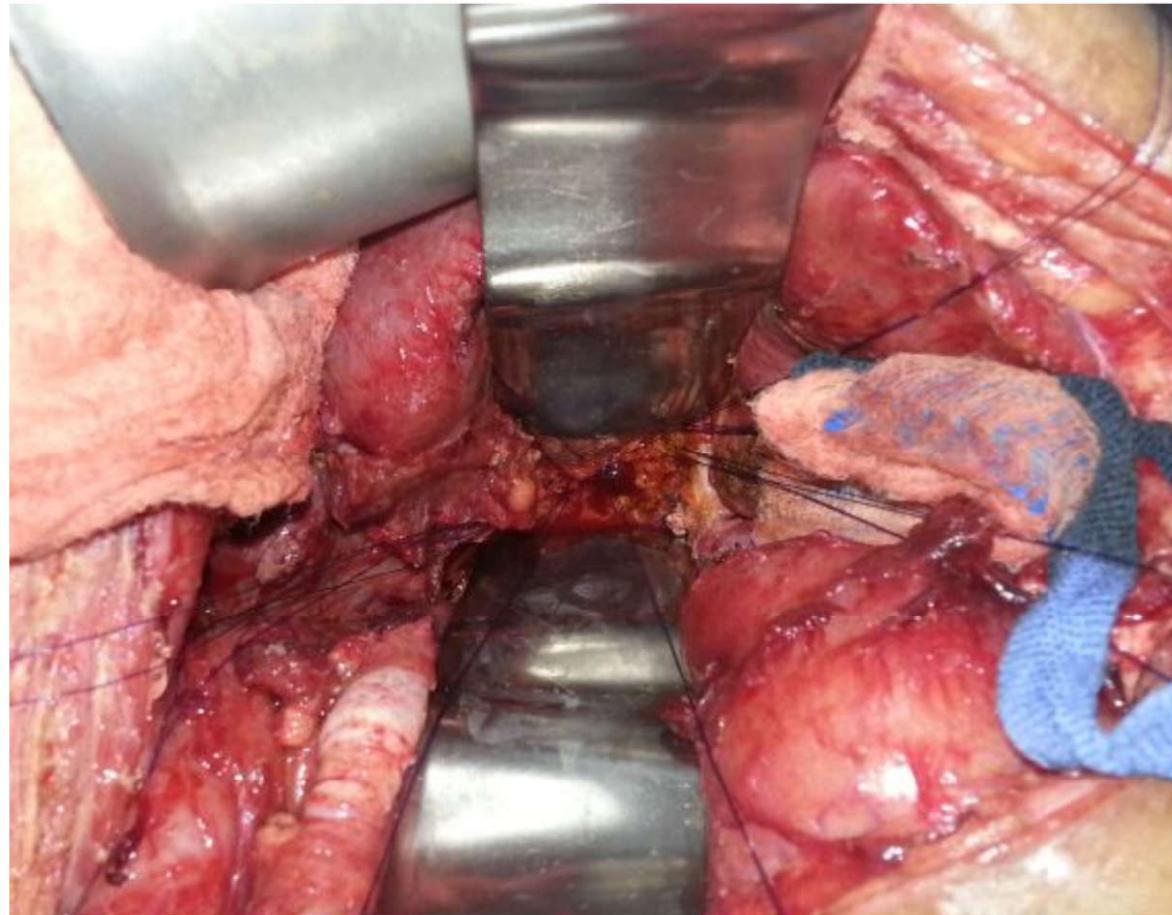
DISSECÇÃO DO HILO

- Aderências
- Lesões vasculares
- Rebaixamento da placa hilar
- Identificação da via biliar



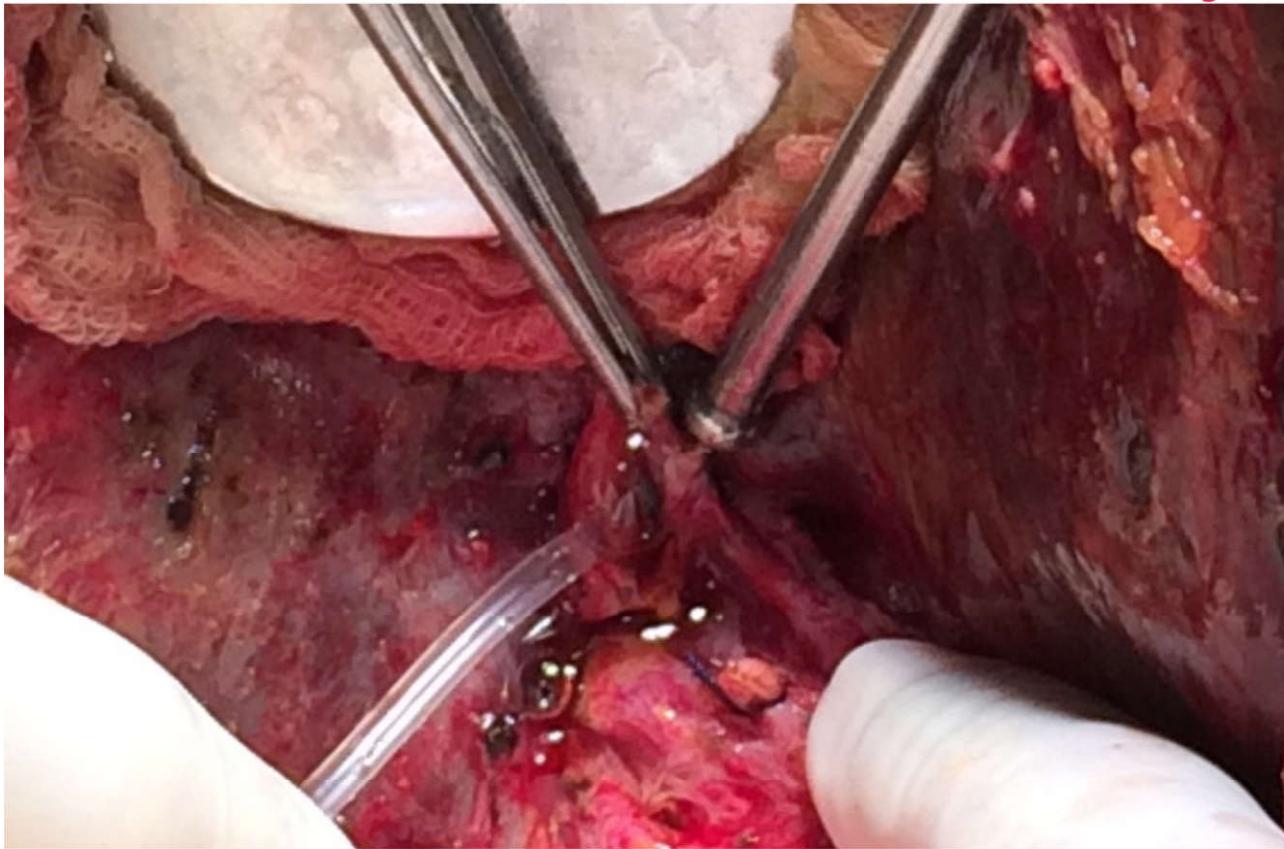
DISSECÇÃO DO HILO

- Aderências
- Lesões vasculares
- Rebaixamento da placa hilar
- Identificação da via biliar



DISSECÇÃO DO HILO

- Aderências
- Lesões vasculares
- Rebaixamento da placa hilar
- Identificação da via biliar



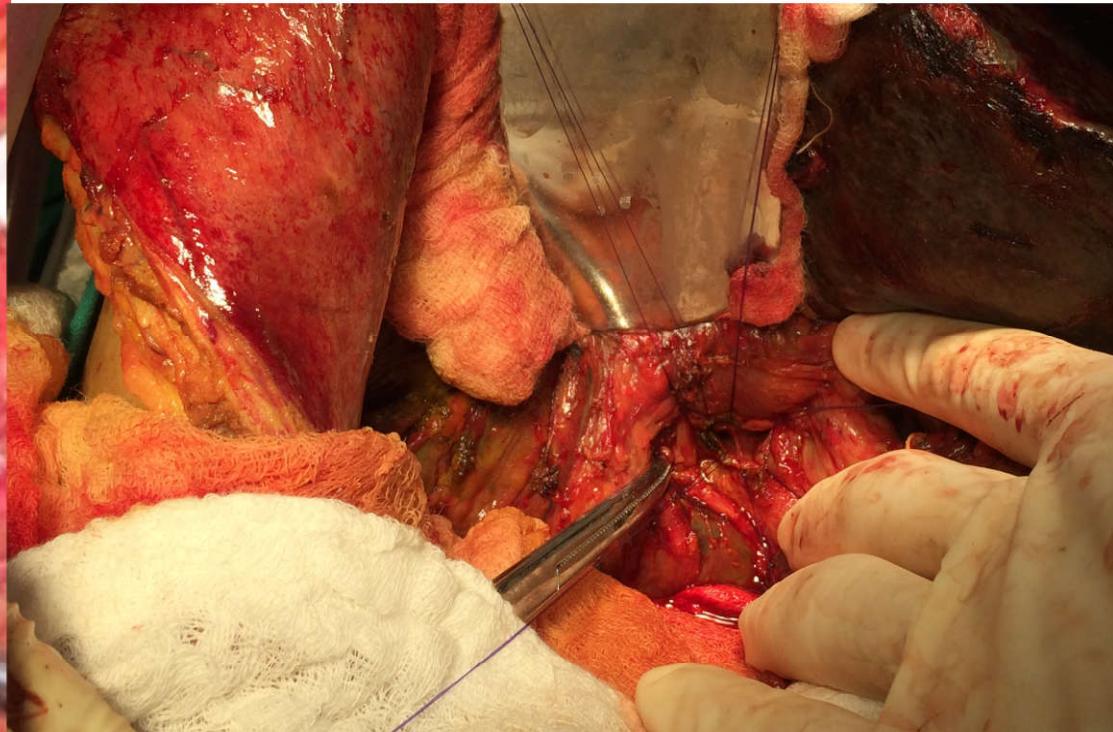
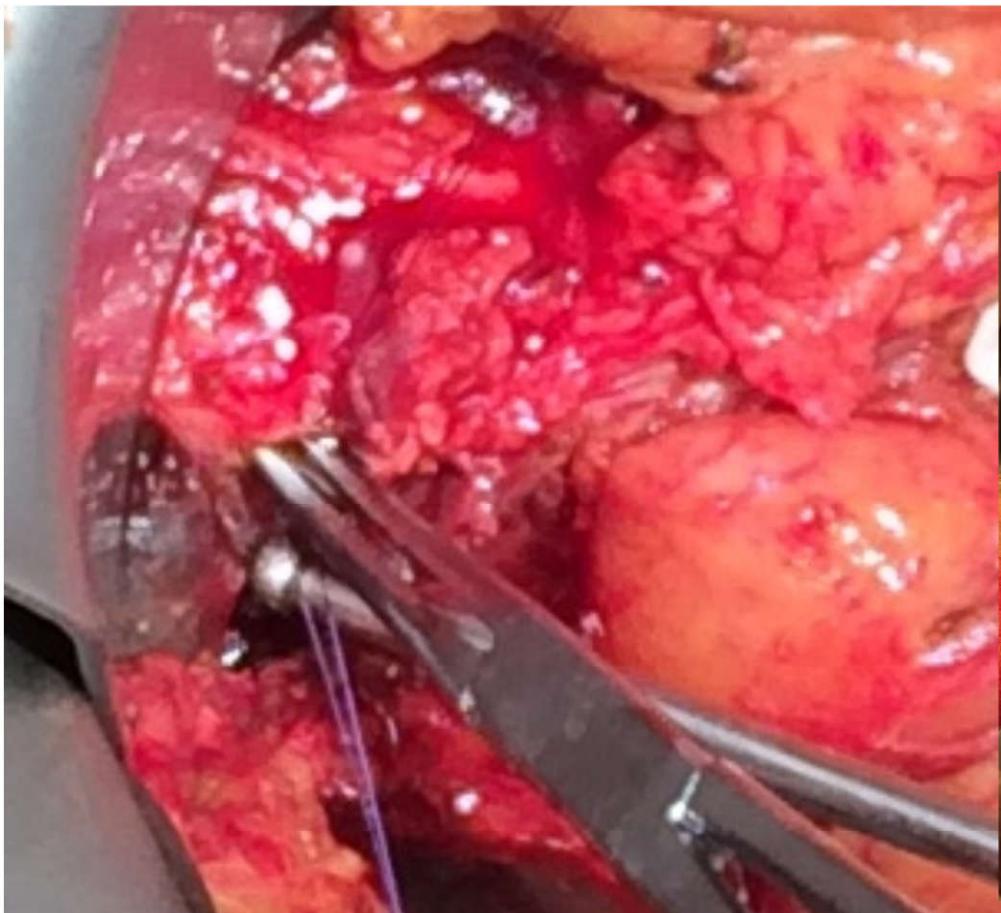
DISSECÇÃO DO HILO

- Aderências
- Lesões vasculares
- Rebaixamento da placa hilar
- Identificação da via biliar



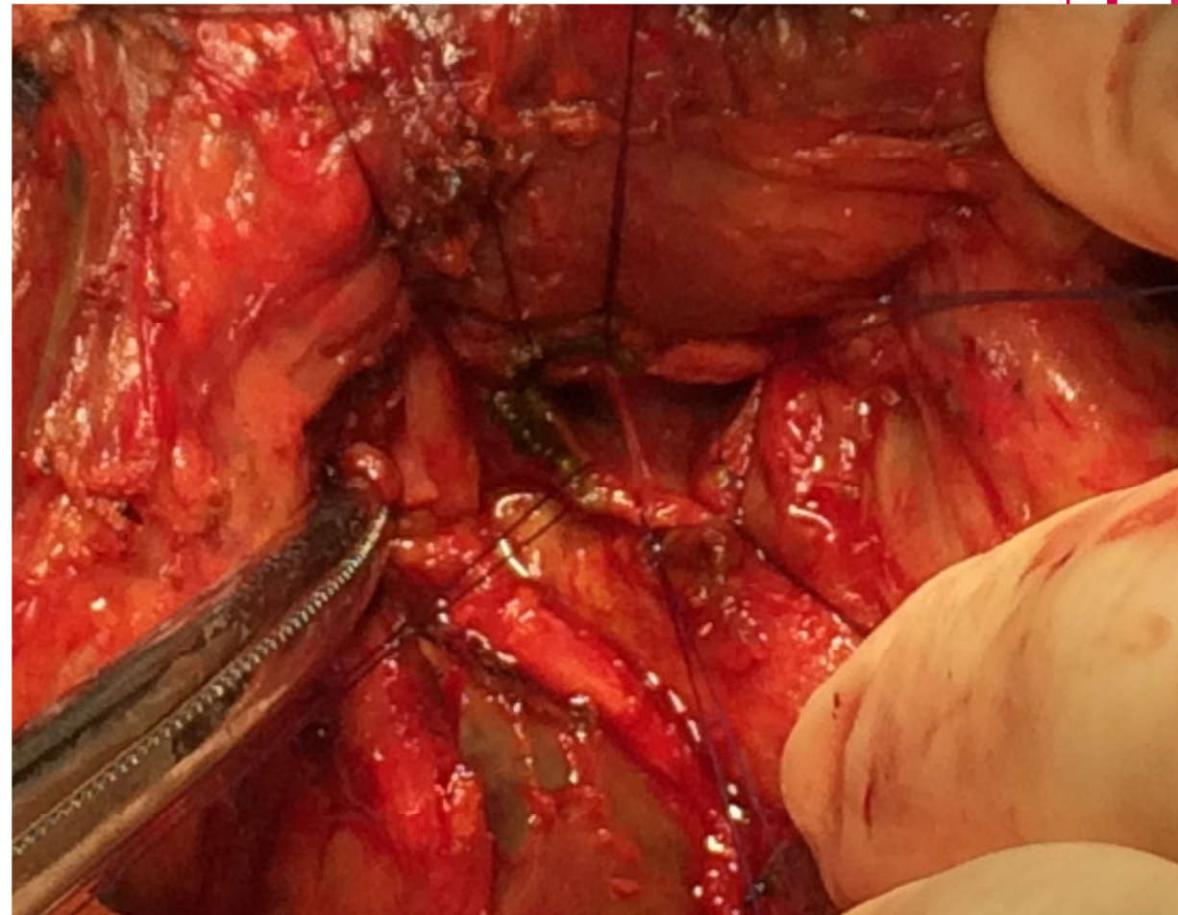
DISSECÇÃO DO HILO

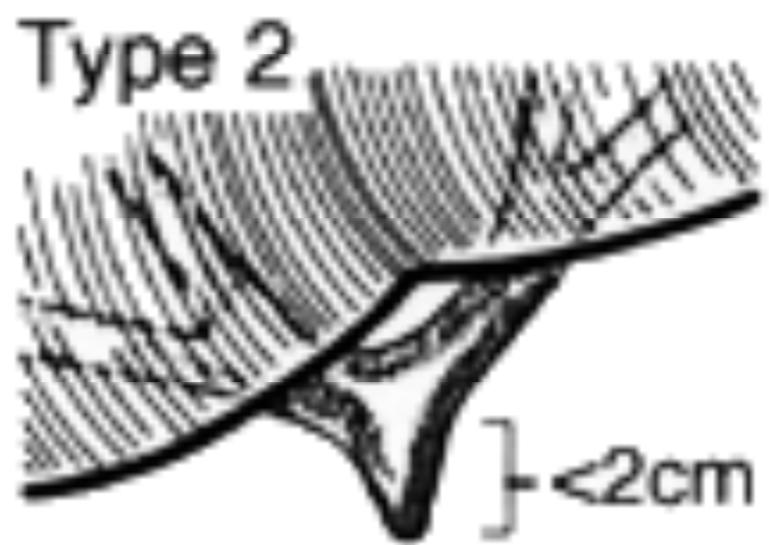
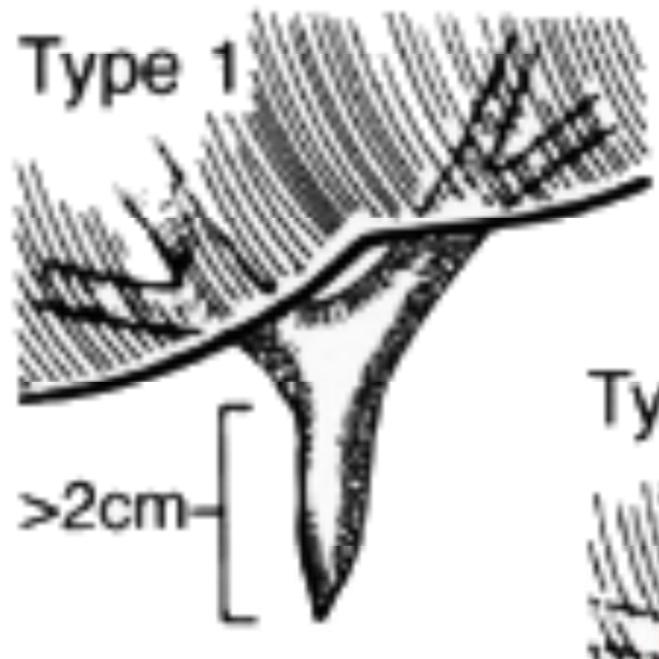
- Aderências
- Lesões vasculares
- Rebaixamento da placa hilar
- Identificação da via biliar



DISSECÇÃO DO HILO

- Aderências
- Lesões vasculares
- Rebaixamento da placa hilar
- Identificação da via biliar





E1 e E2

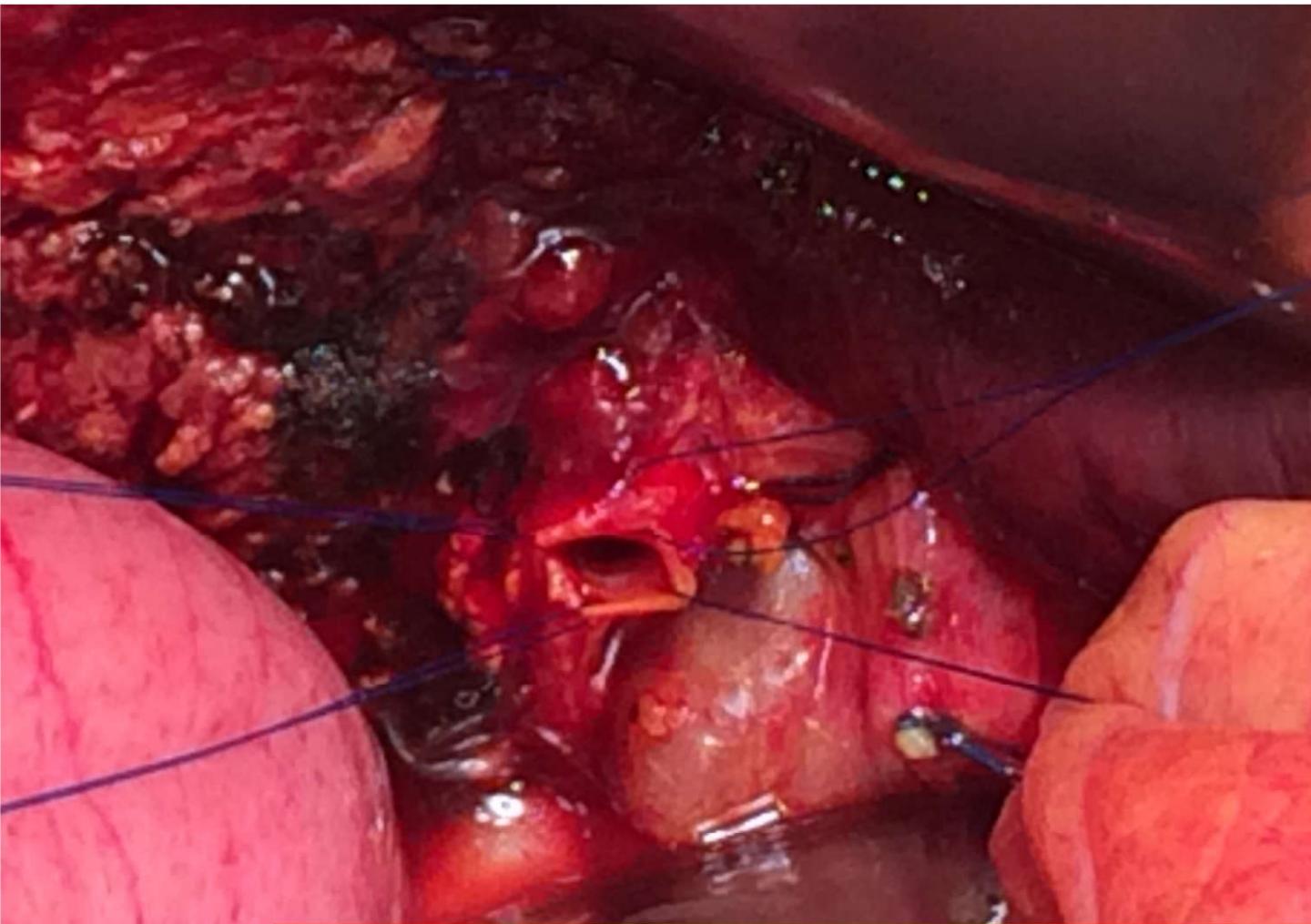
Sem lesão vascular

NÍVEL DA RECONSTRUÇÃO

Reconstruções > 2 cm da confluência estão associadas a maiores taxas de fracasso.

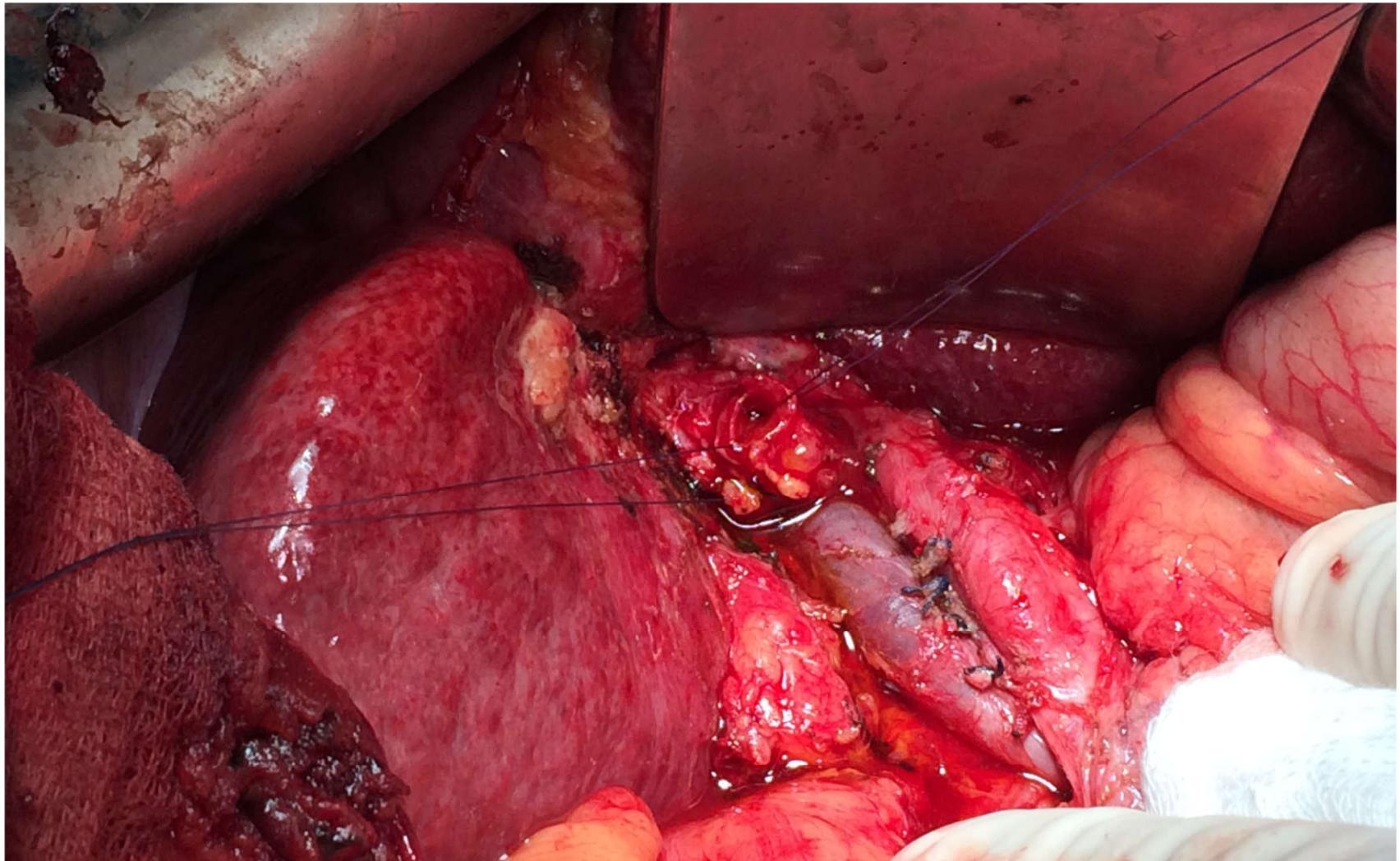
Sempre < 2cm da confluência

NÍVEL DA RECONSTRUÇÃO



Sempre < 2cm da confluência

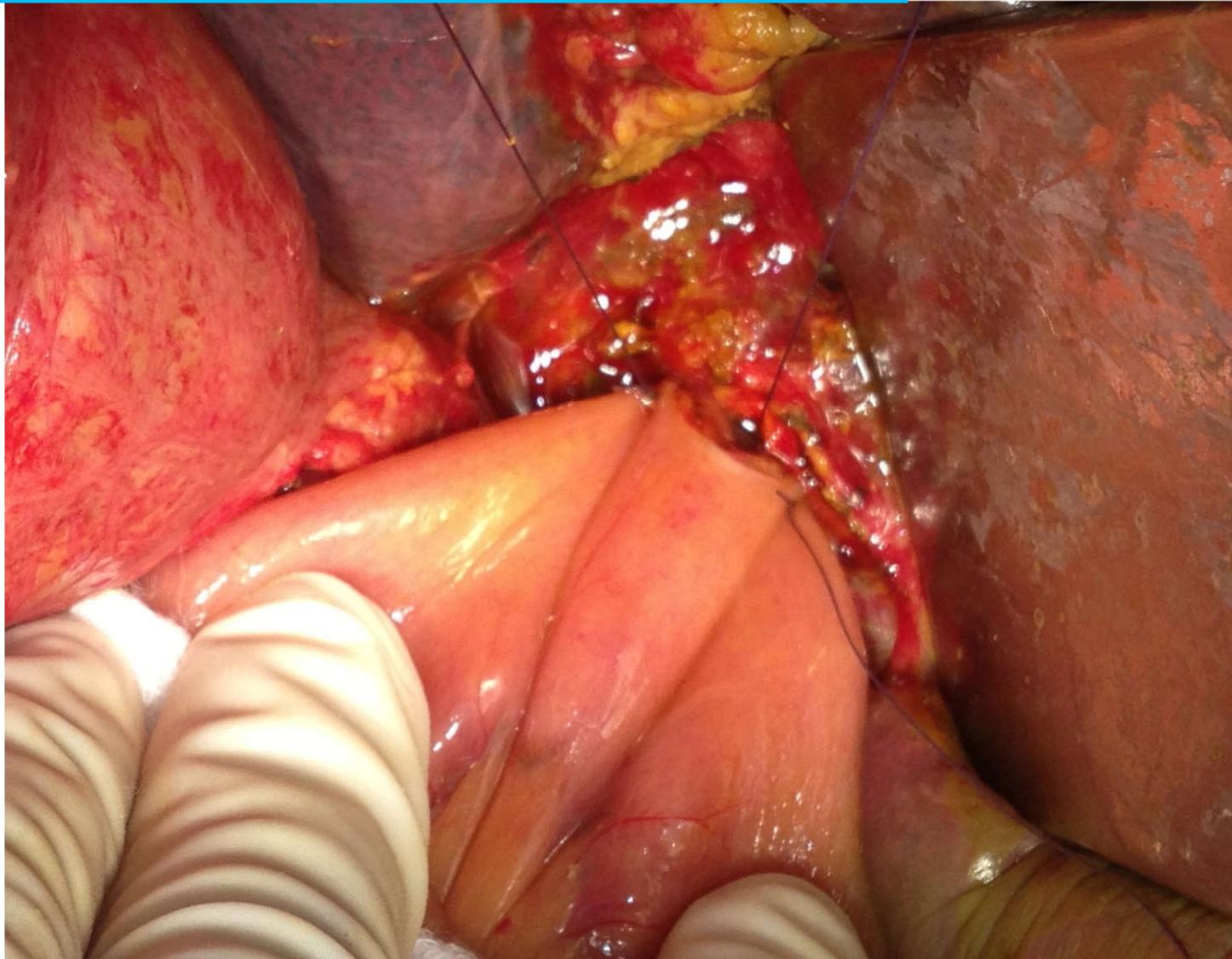
NÍVEL DA RECONSTRUÇÃO



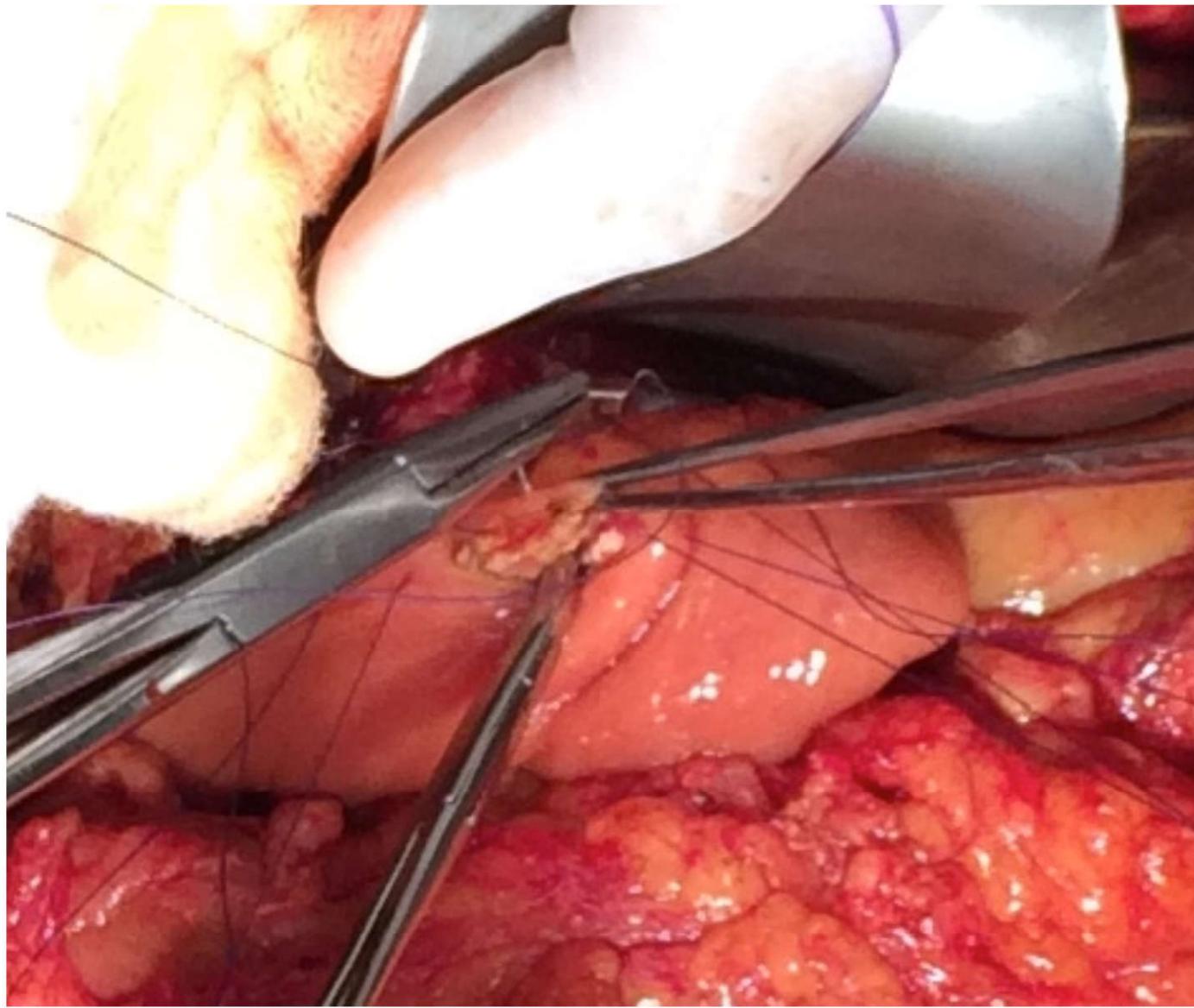
Sempre < 2cm da confluência

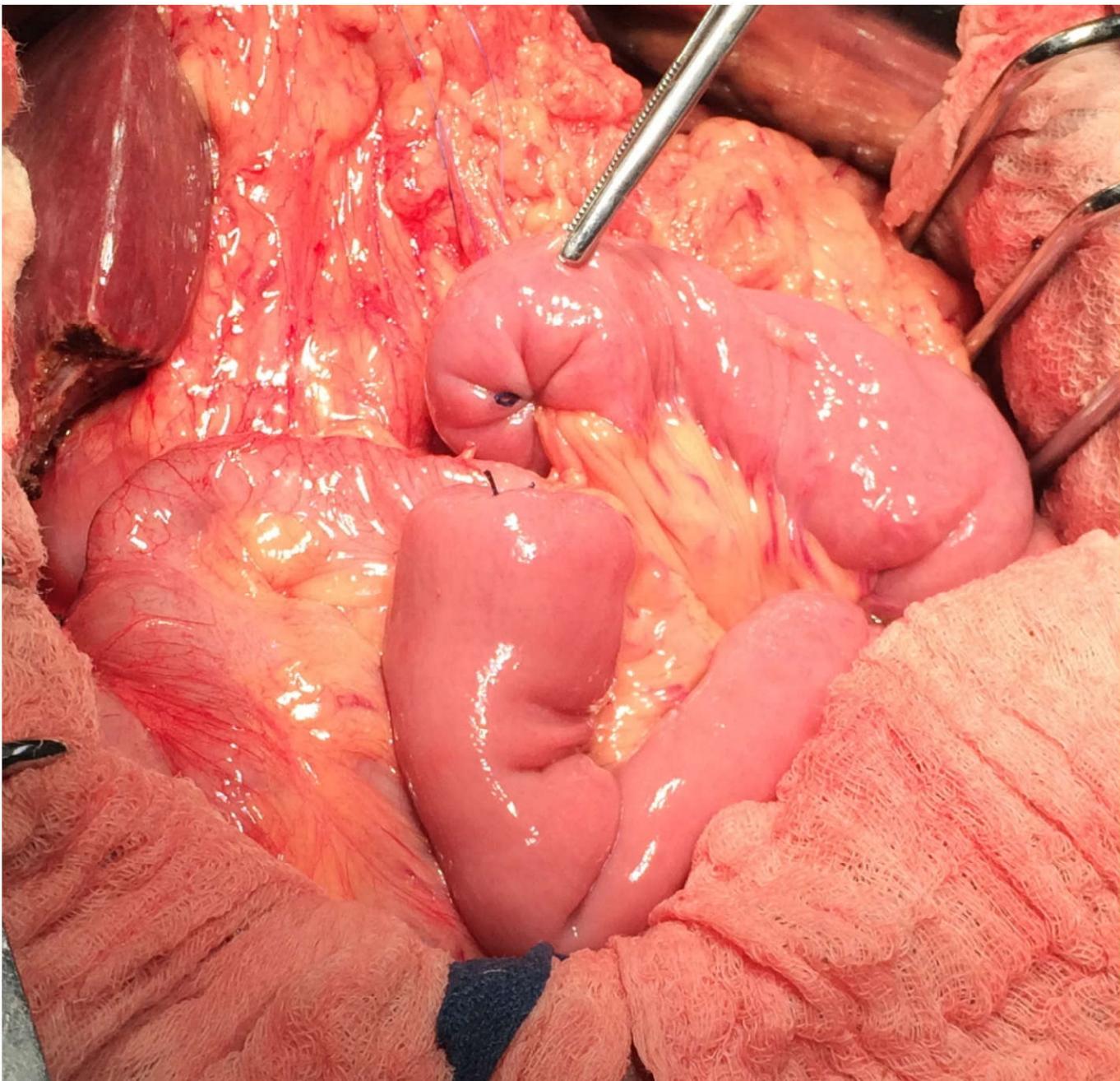


ANASTOMOSE SIMPLES

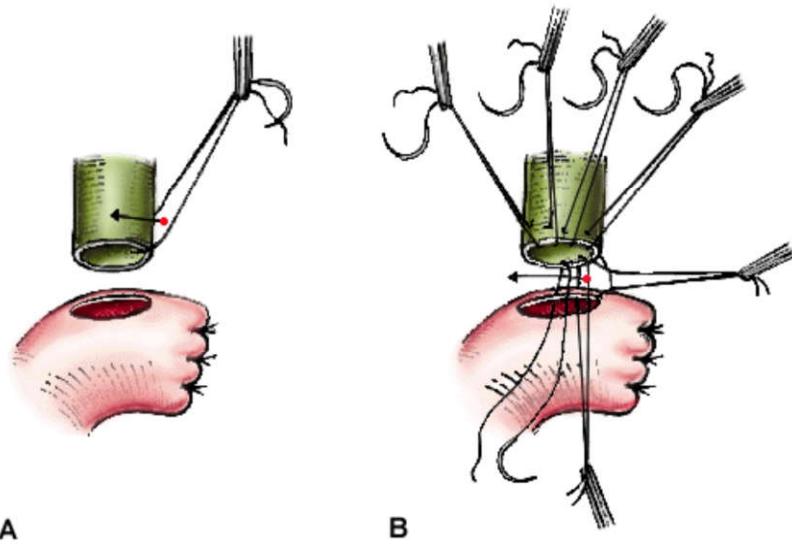


Ducto-mucosa

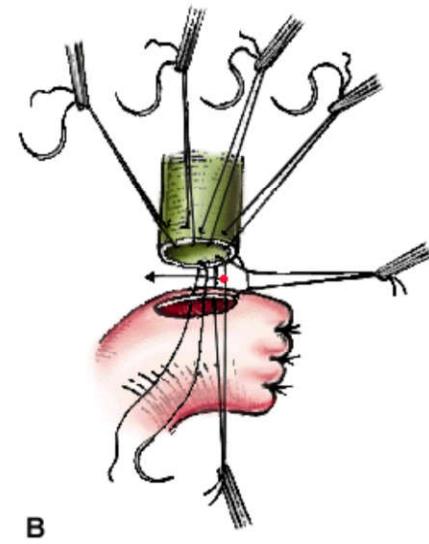




Anastomose bilio-entérica

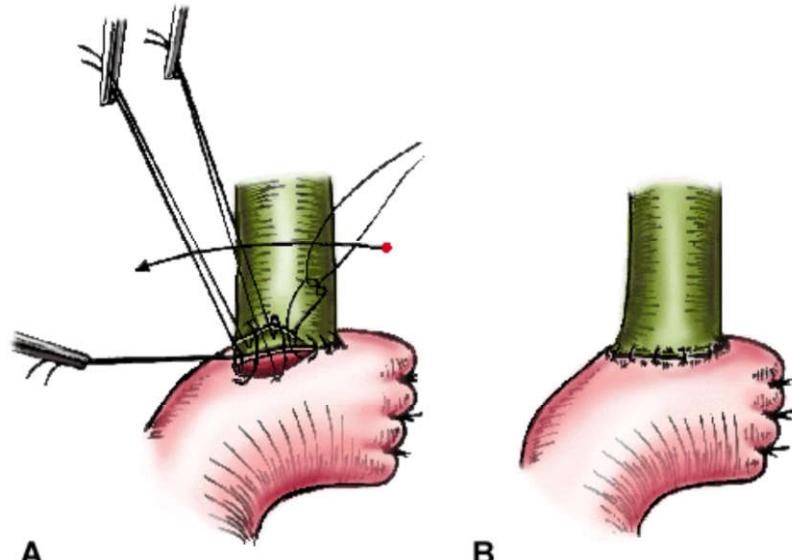
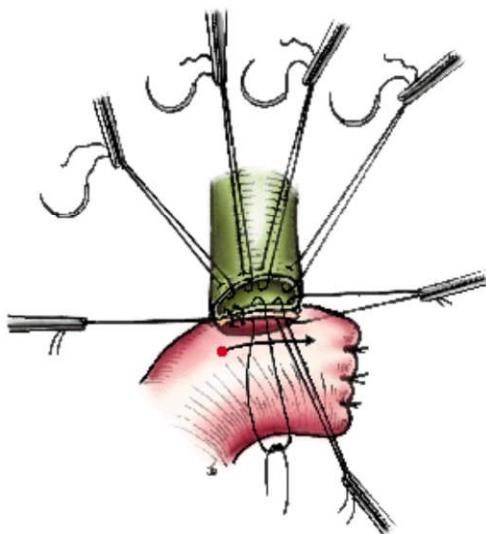
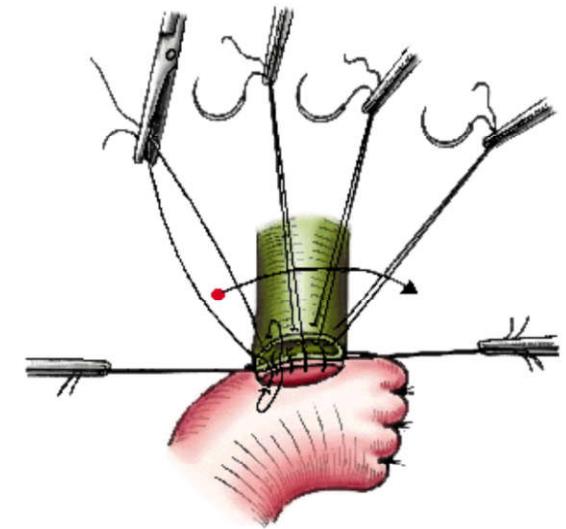


A



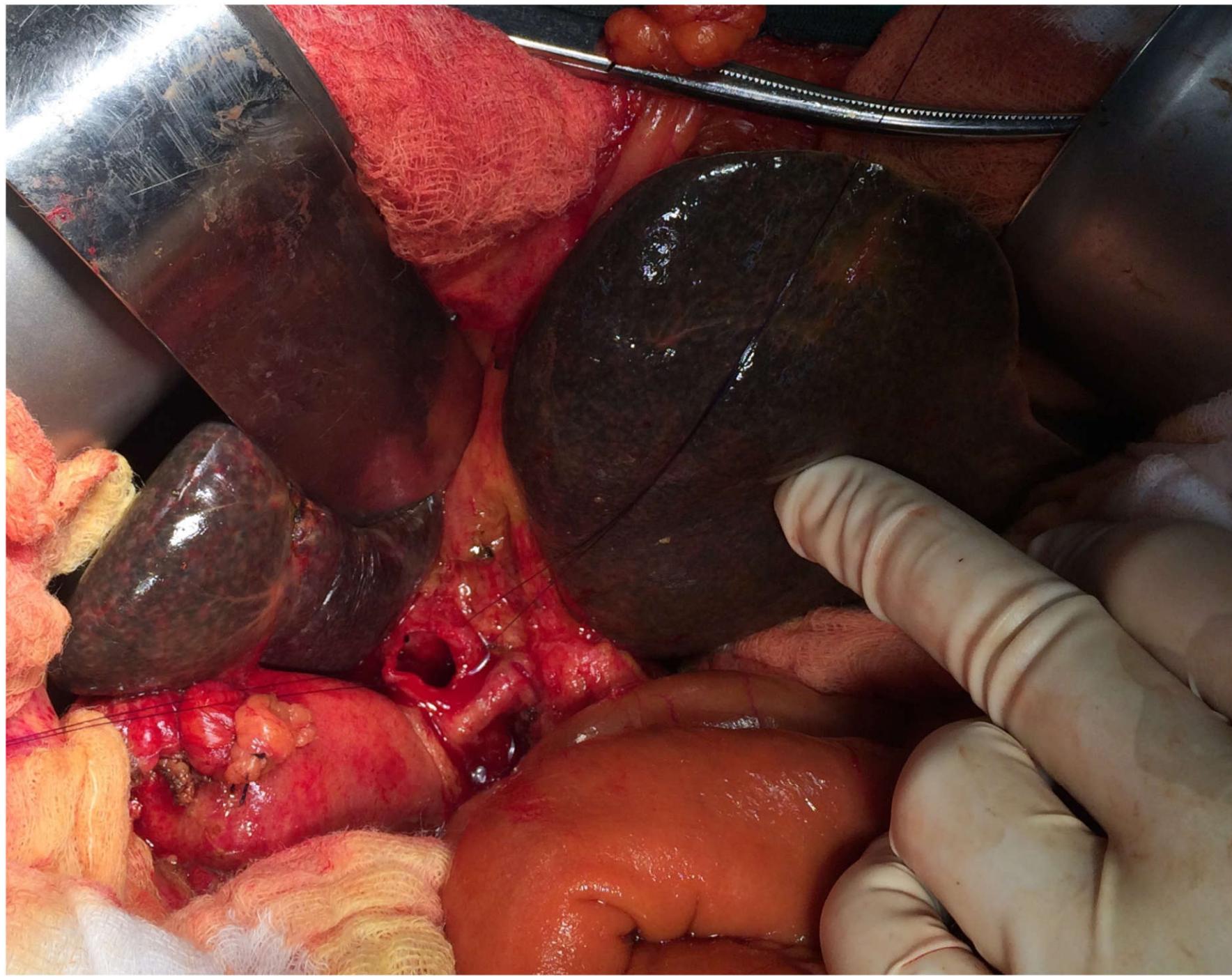
B

Y de Roux



A

B



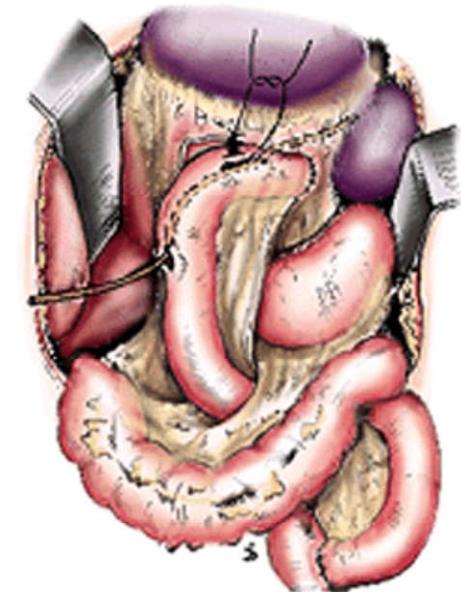
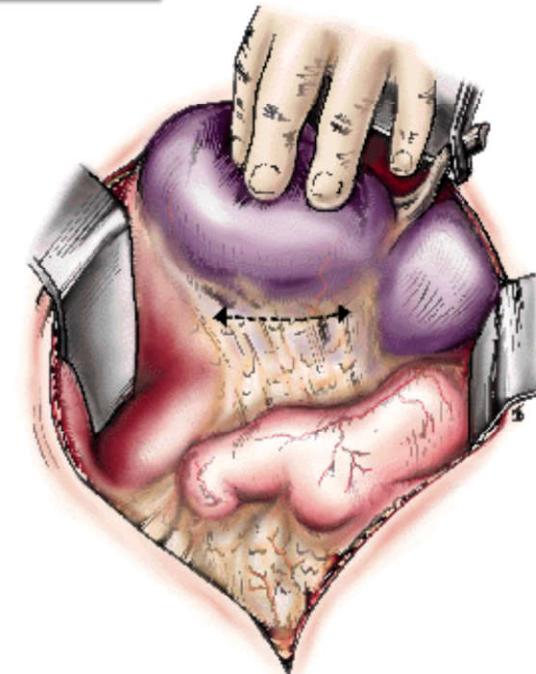
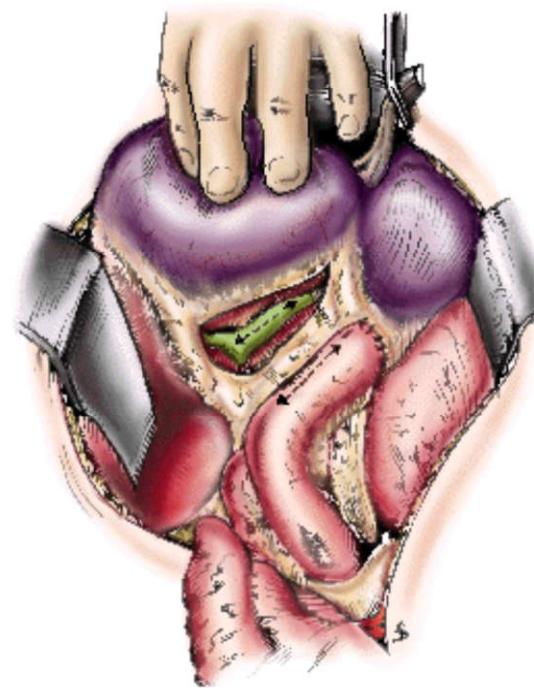
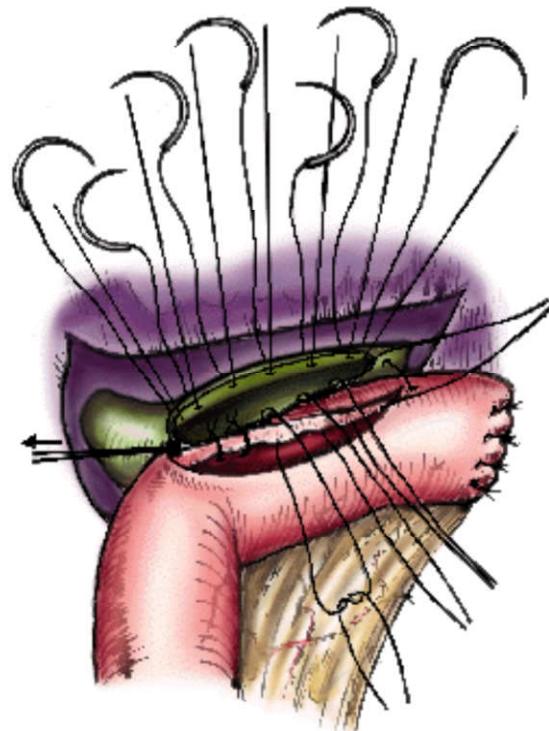
Type 3

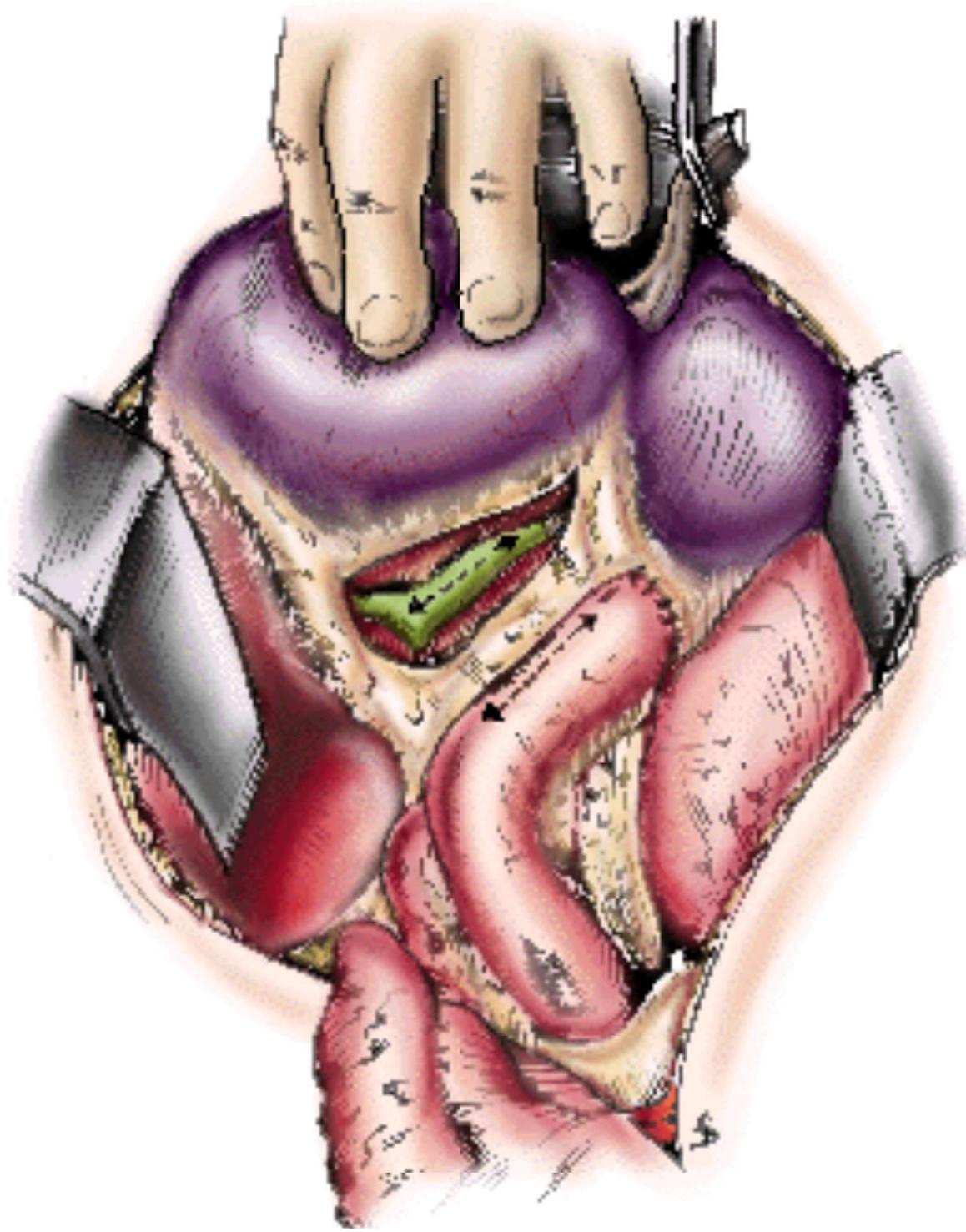


E3

Sem lesão vascular

Abordagem do ducto hepático E





Type 4



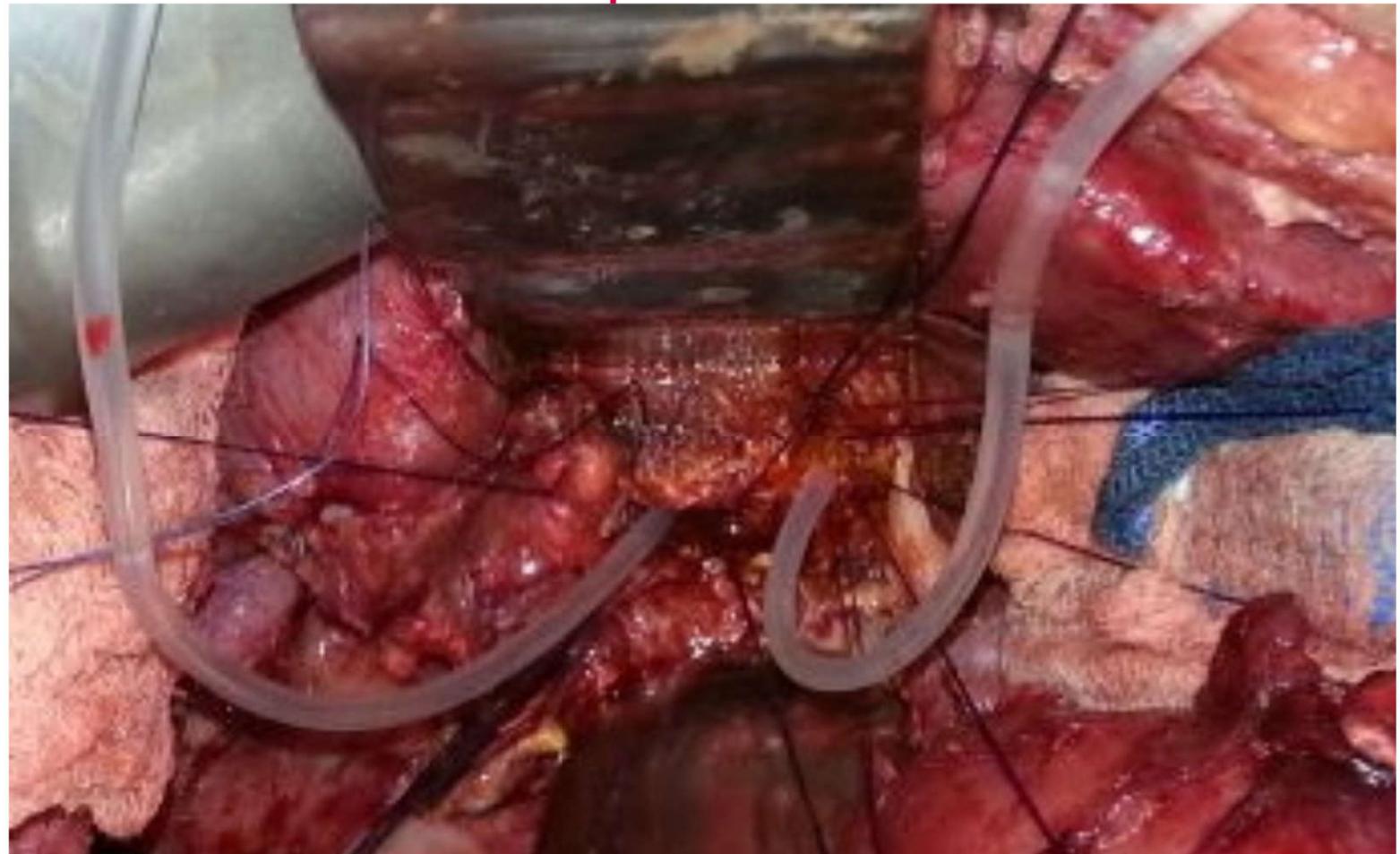
E4

Sem lesão vascular

CONDUTA

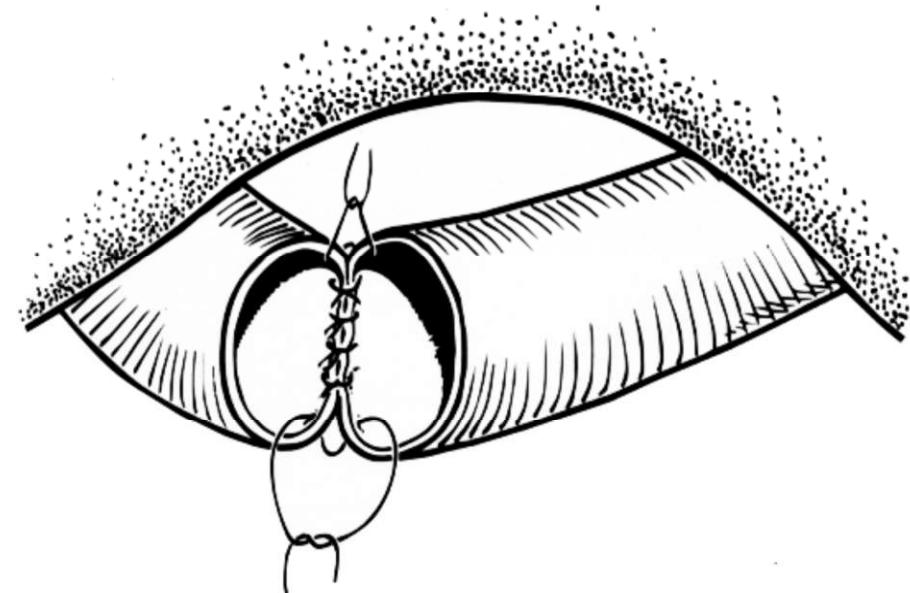
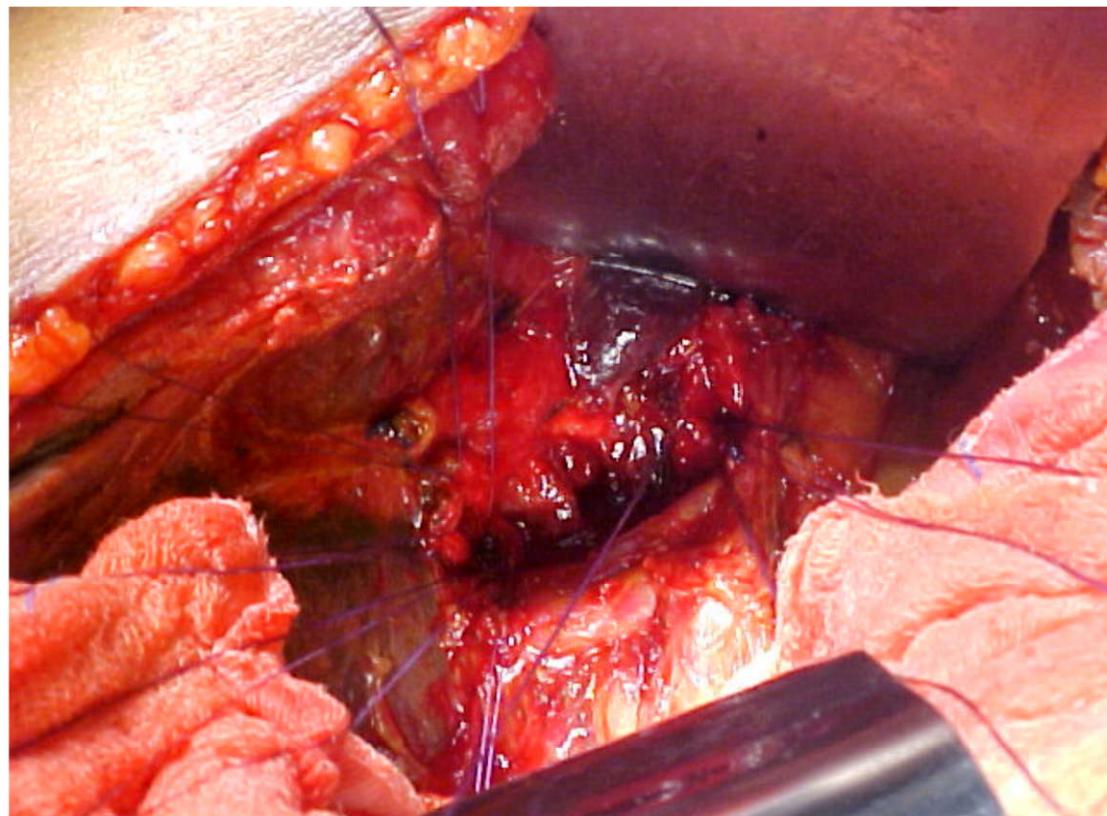
- Identificação dos ductos
 - Aproximação com anastomose única
 - Anastomose com ductos separados

E4



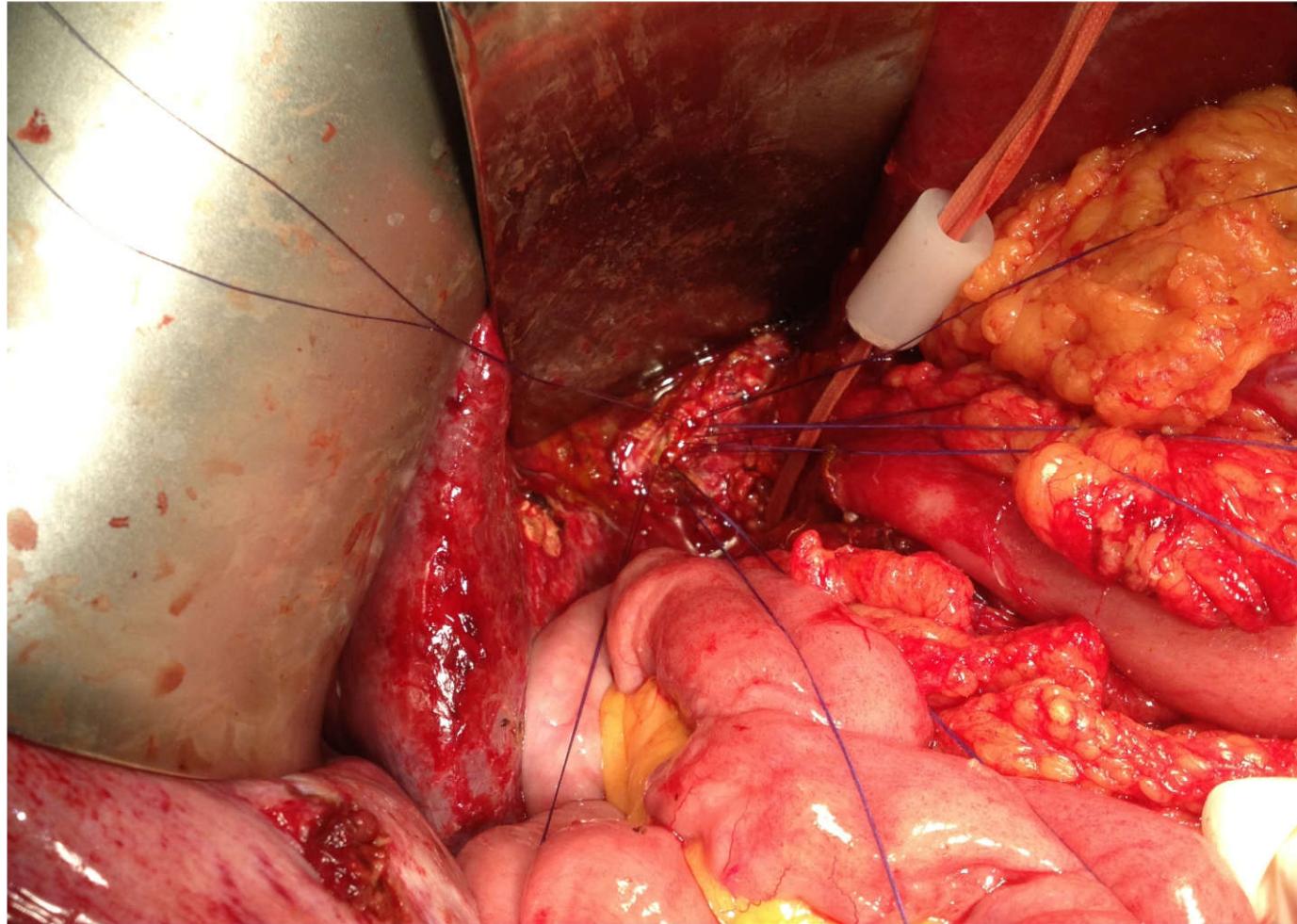
Reparo das lesões tipo E4/E5

- Reparo de diferentes ductos
- Unir ductos individualizados
- Controle US/Colangiografia



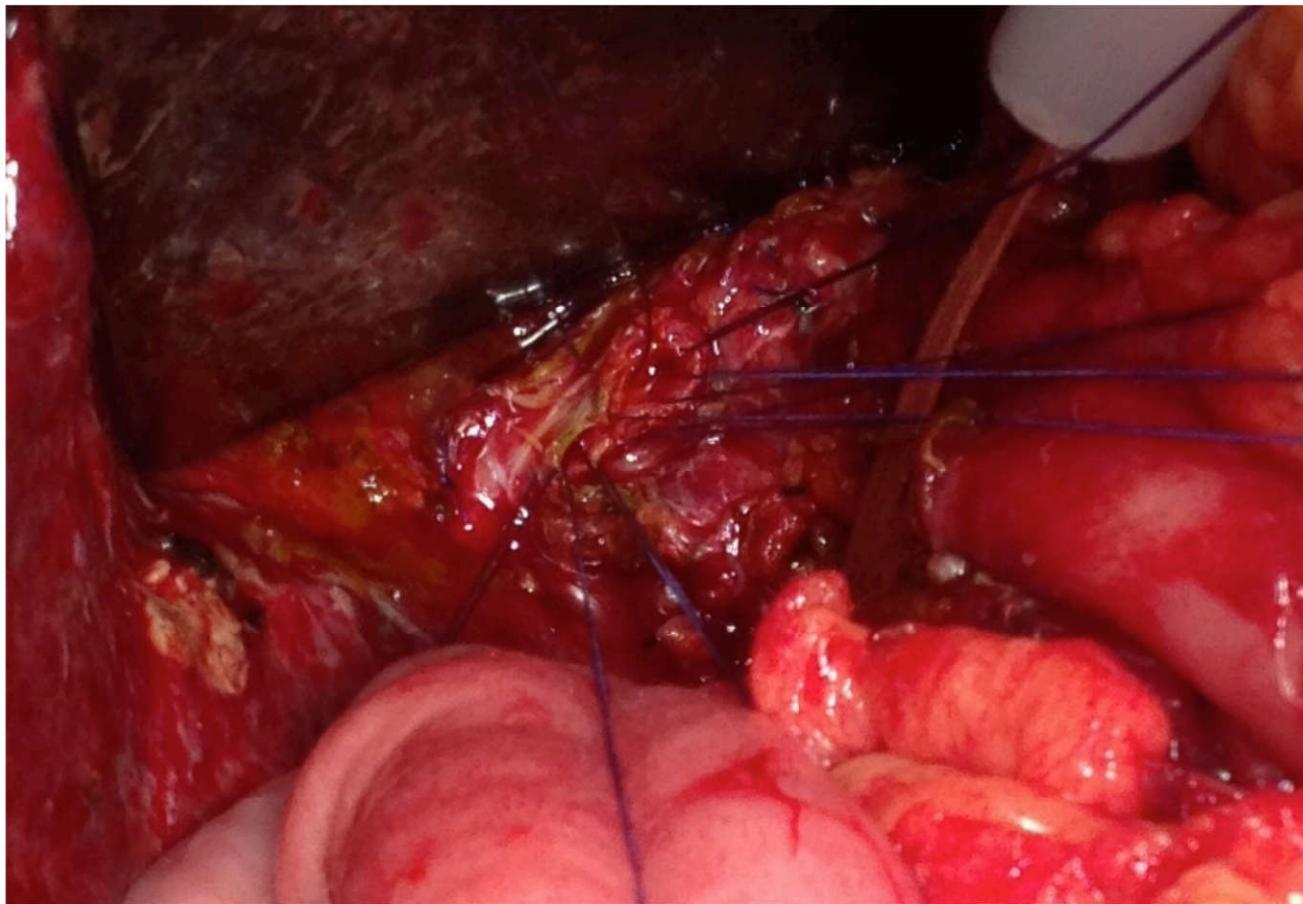
REPARO DA VIA BILIAR

- Lesão alta
- Integridade da bifurcação
- Acesso à esquerda



REPARO DA VIA BILIAR

- Lesão alta
- Integridade da bifurcação
- Acesso à esquerda



VIA BILIAR SEPARADA



Identificar os ductos

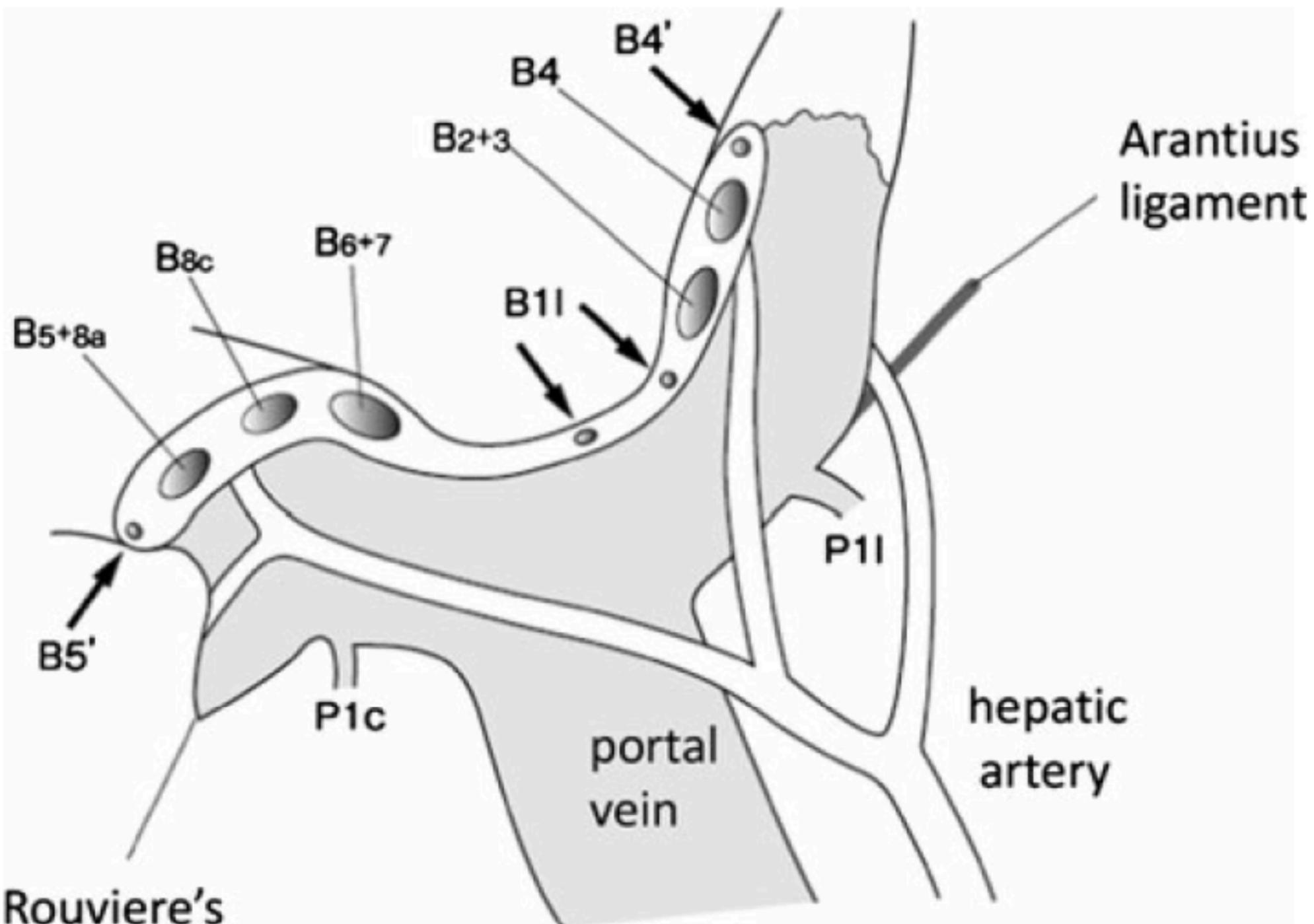


VIA BILIAR SEPARADA



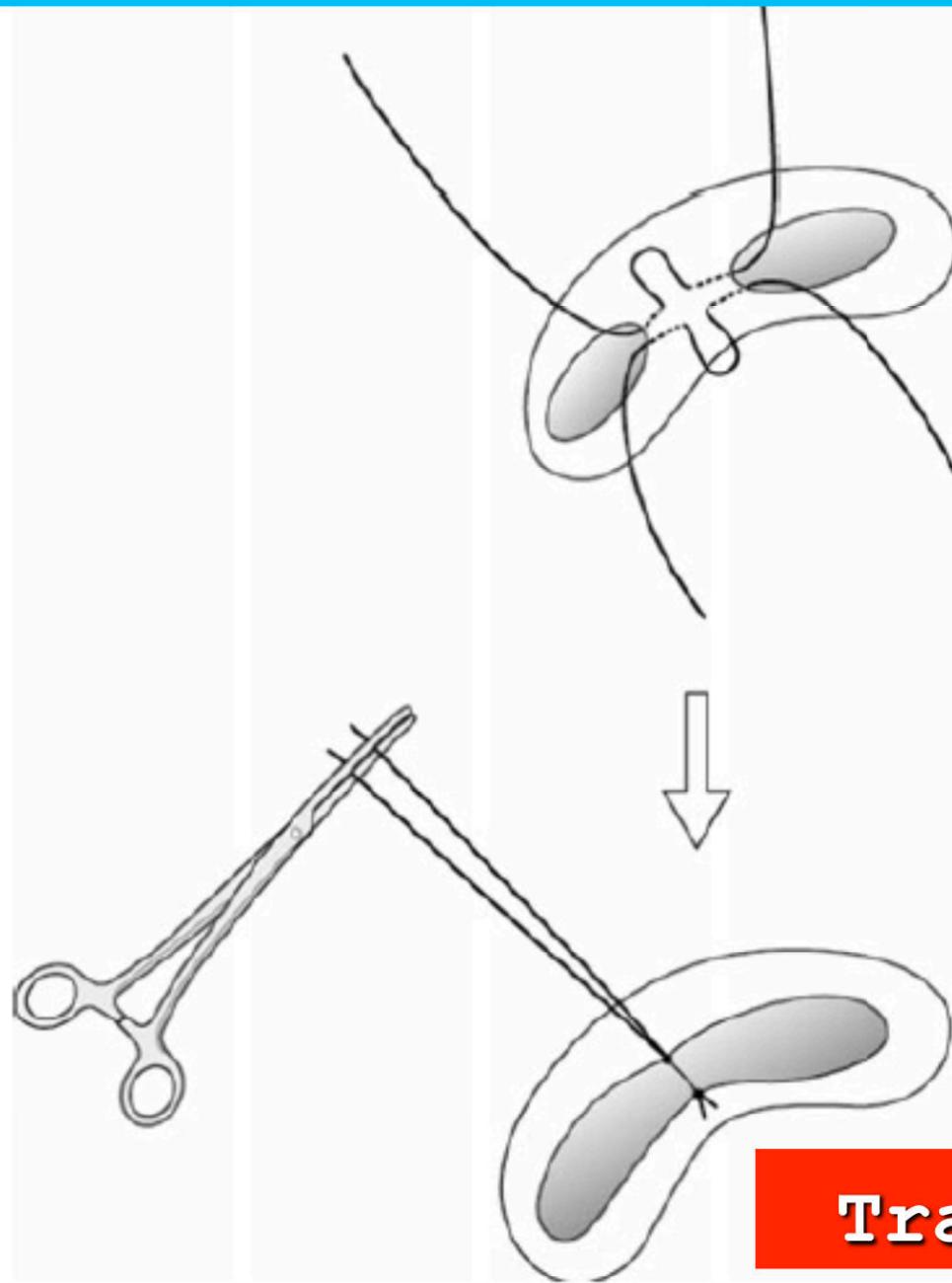
Anastomoses separadas



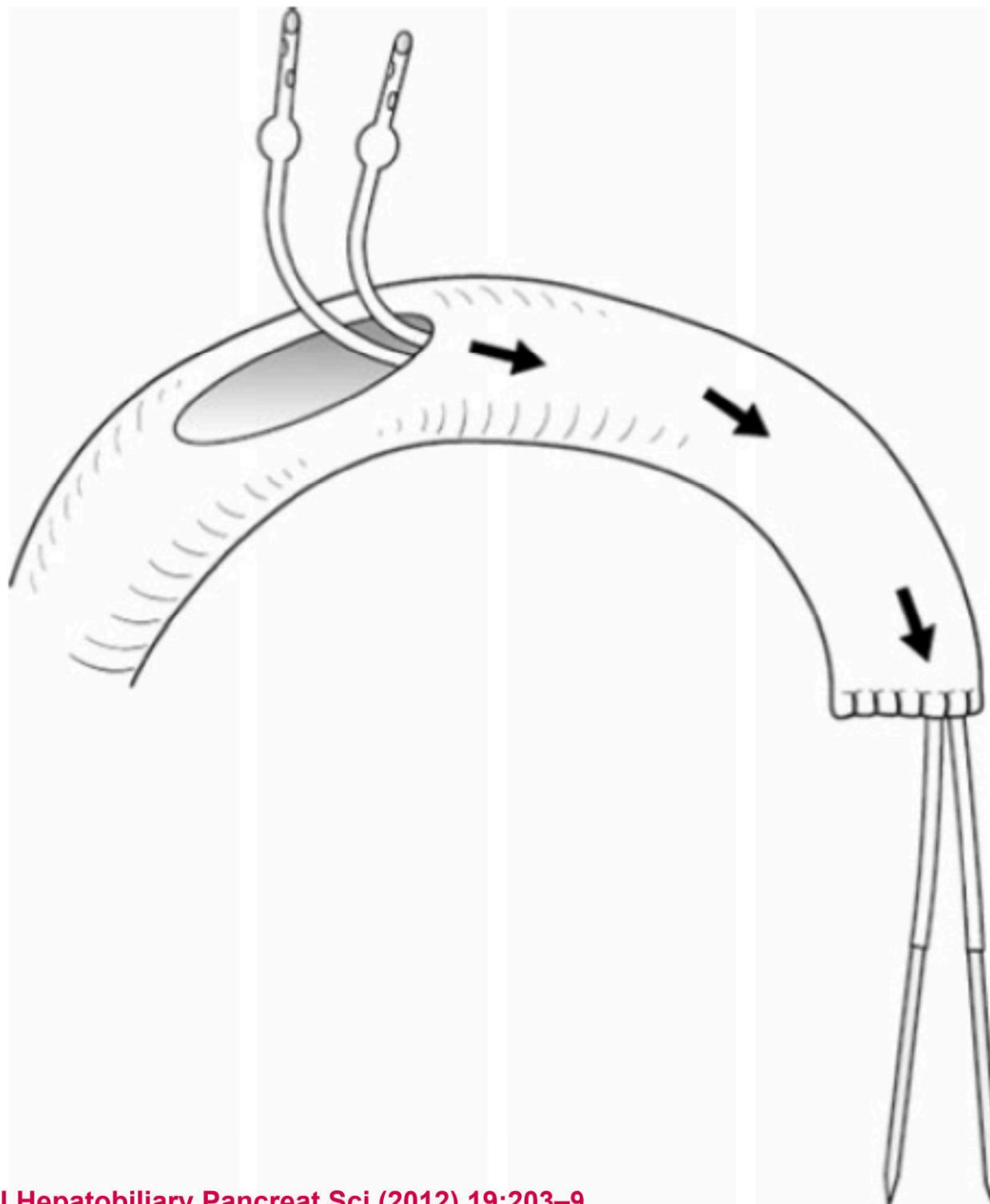


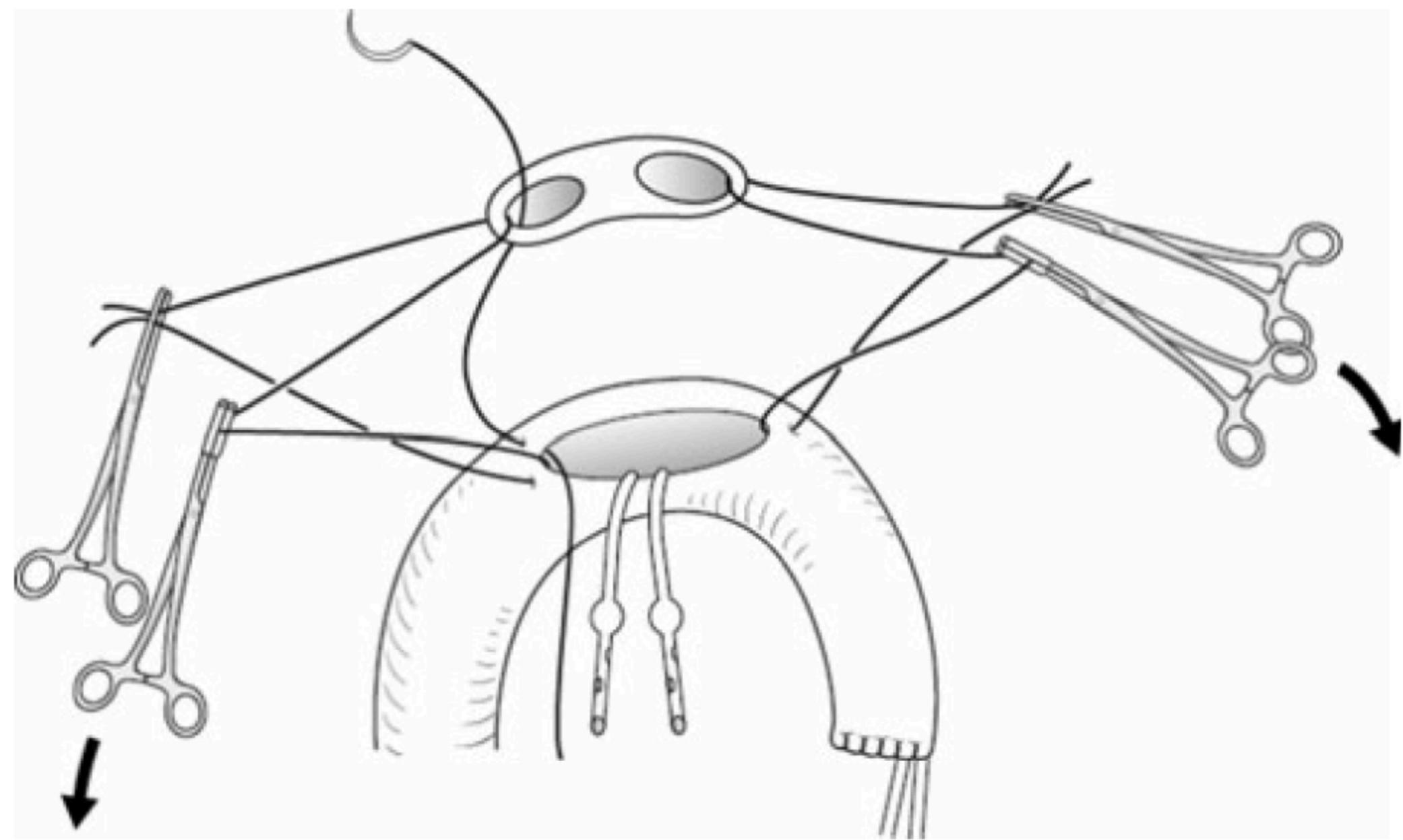
Rouviere's
sulcus

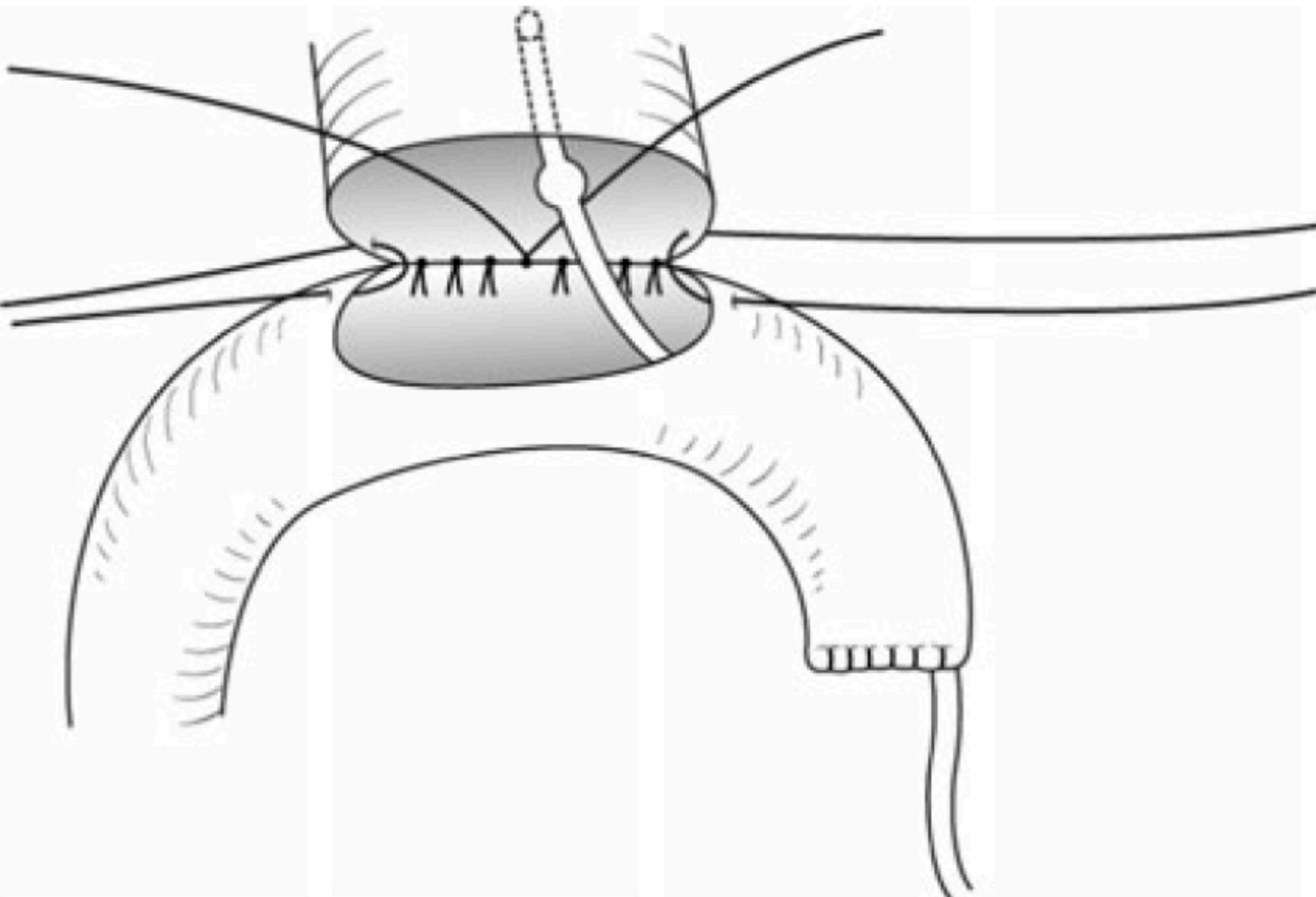
VIA BILIAR SEPARADA



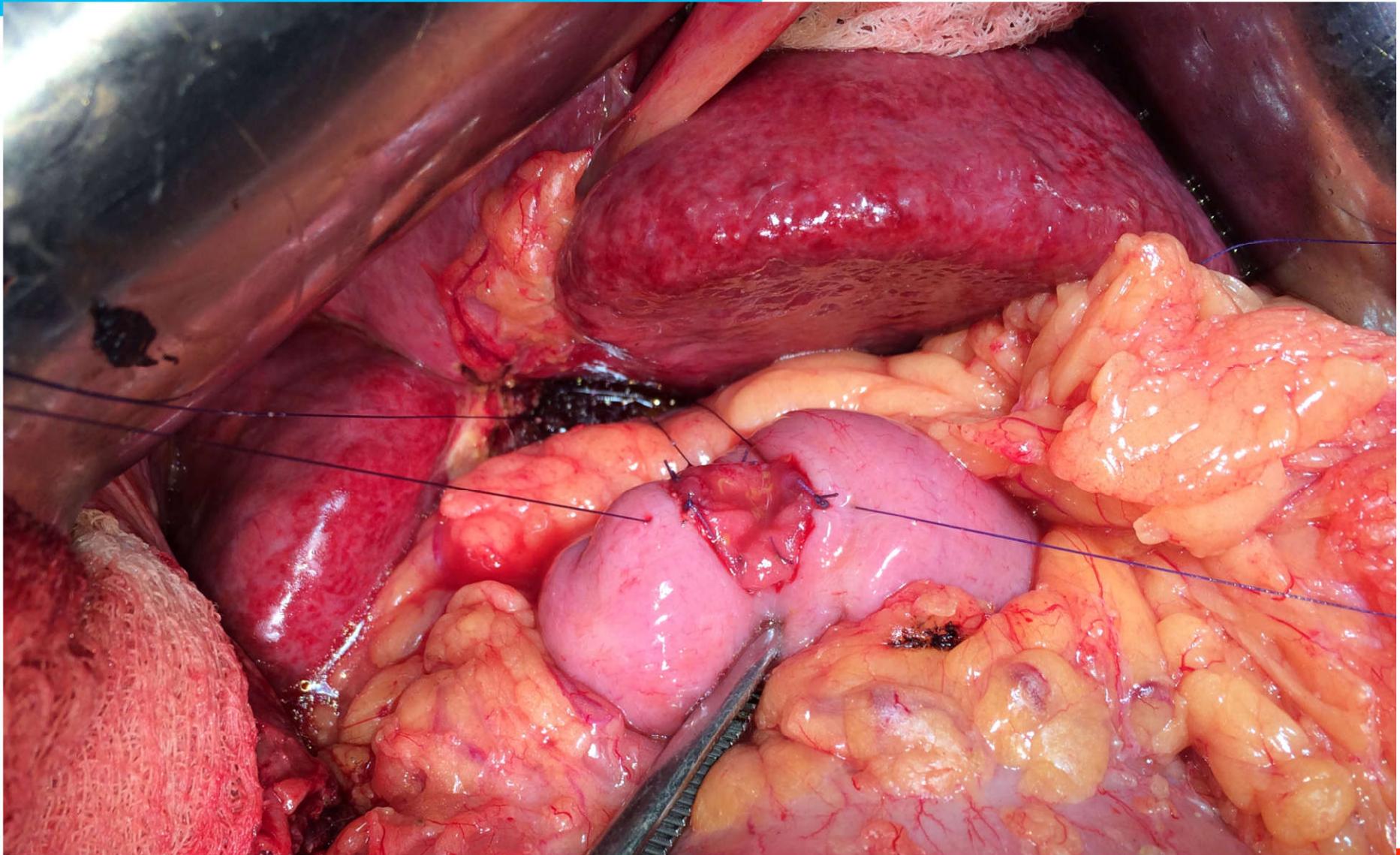
Transformar em única







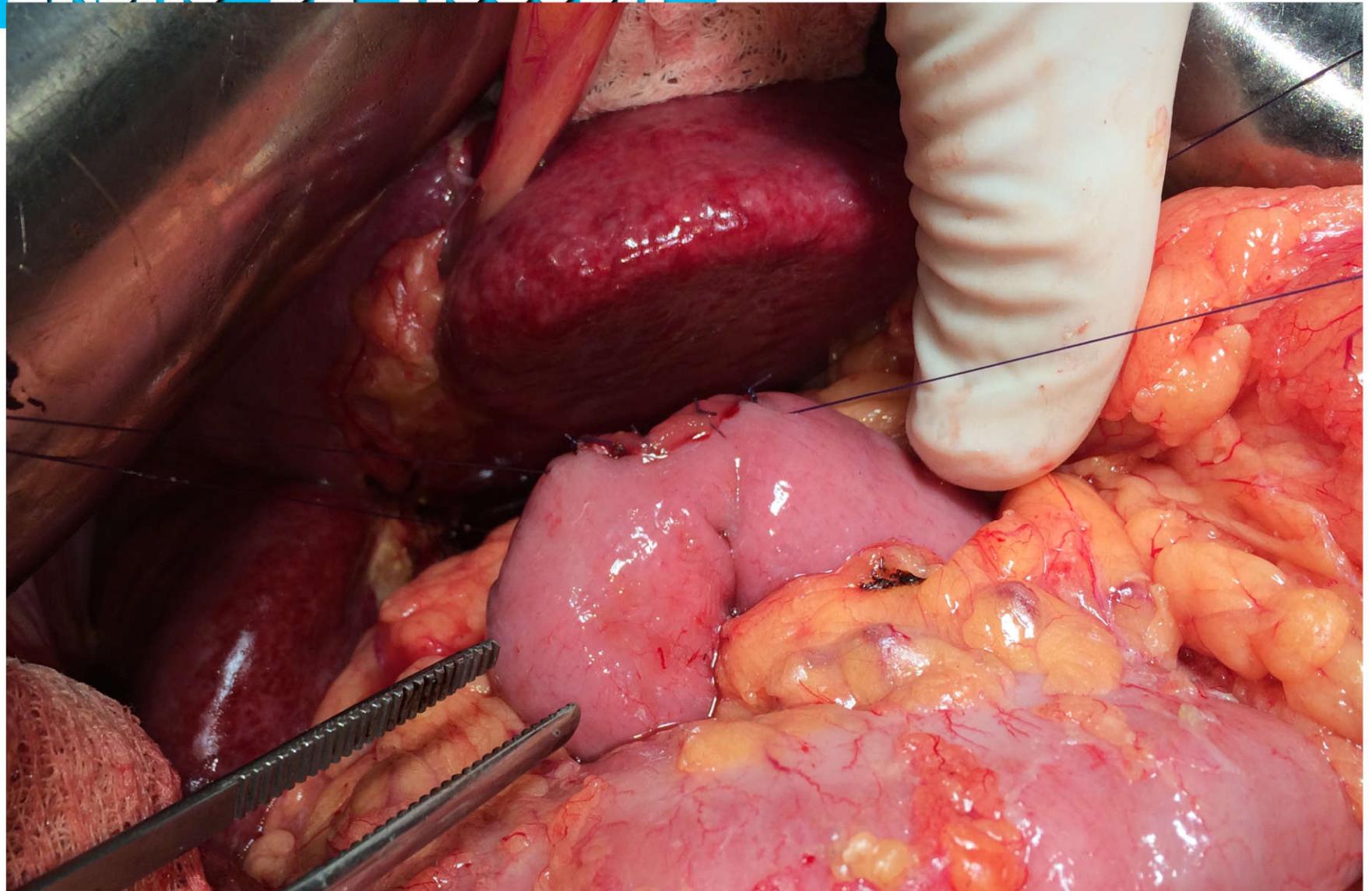
EVERSÃO DE MUCOSA



Ducto muito intra-hepático



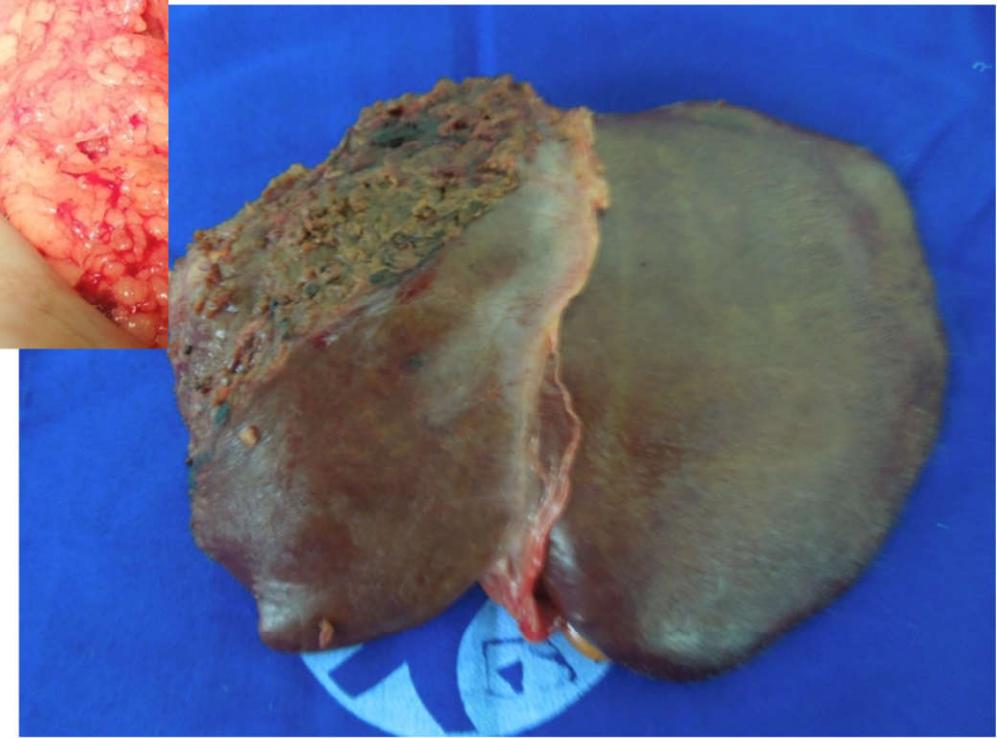
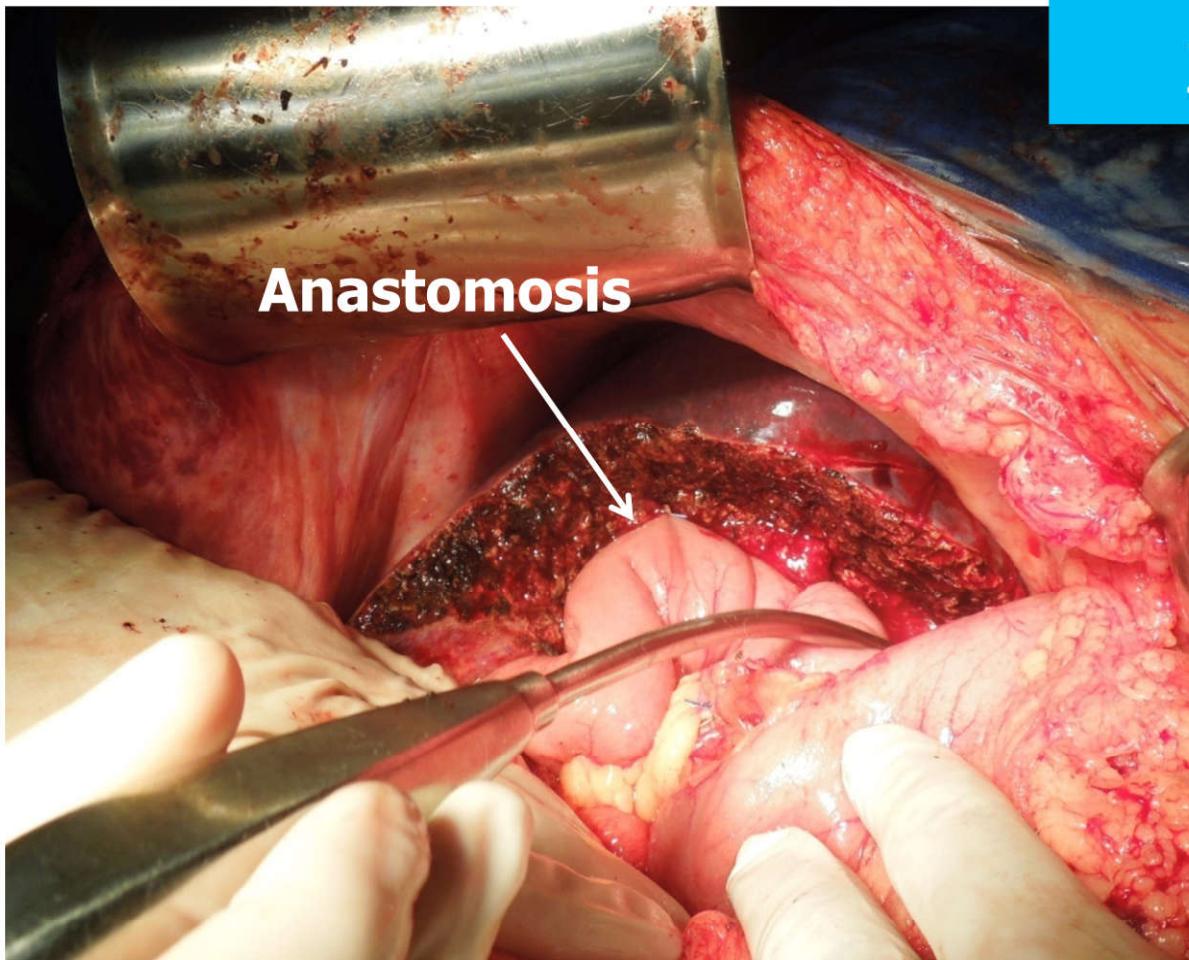
EVERSÃO DE MUCOSA

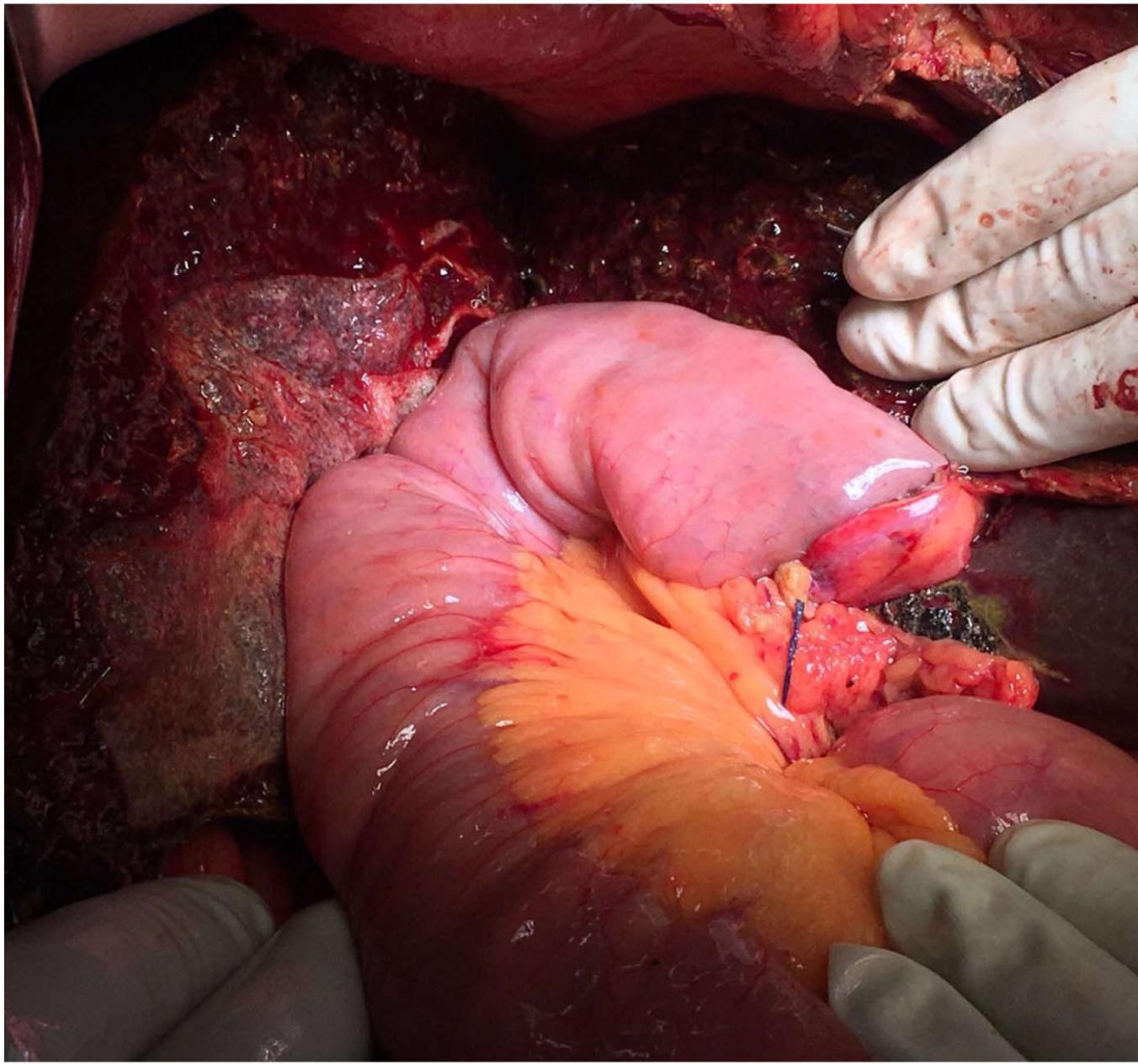


Ducto muito intra-hepático

HEPATECTOMIA

Anastomosis





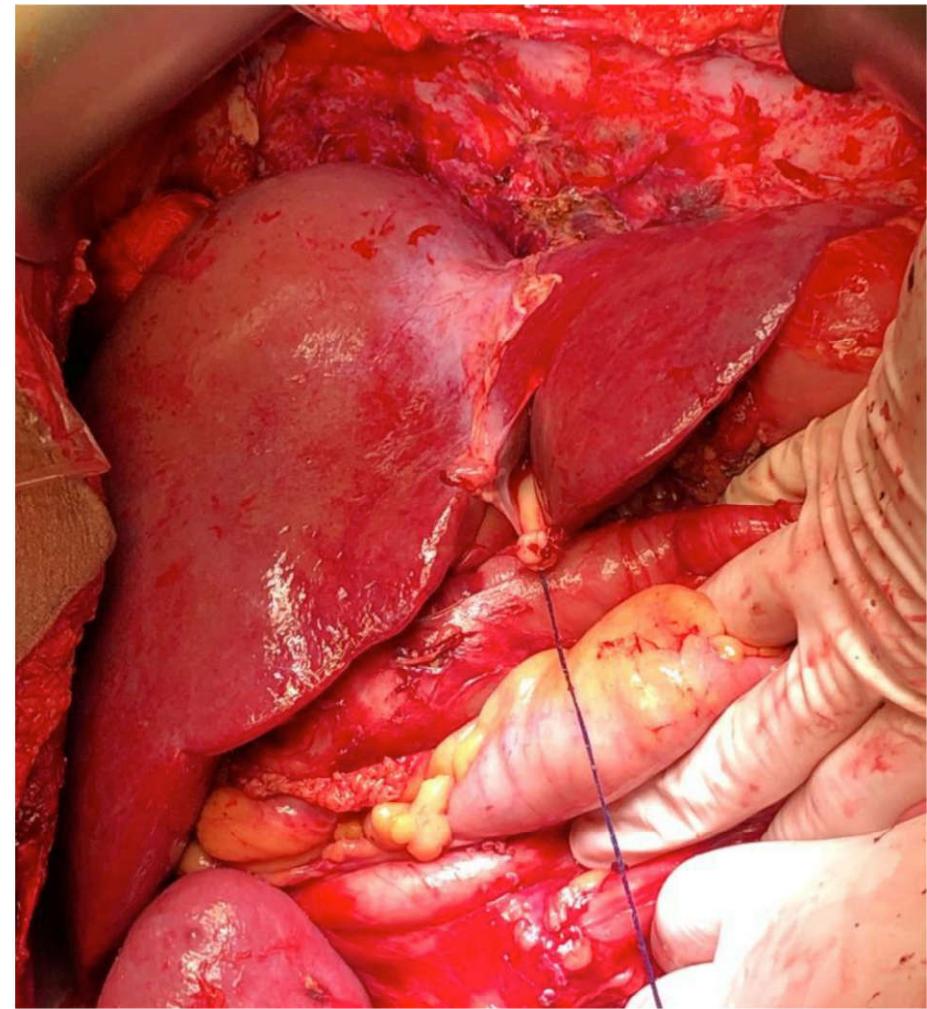
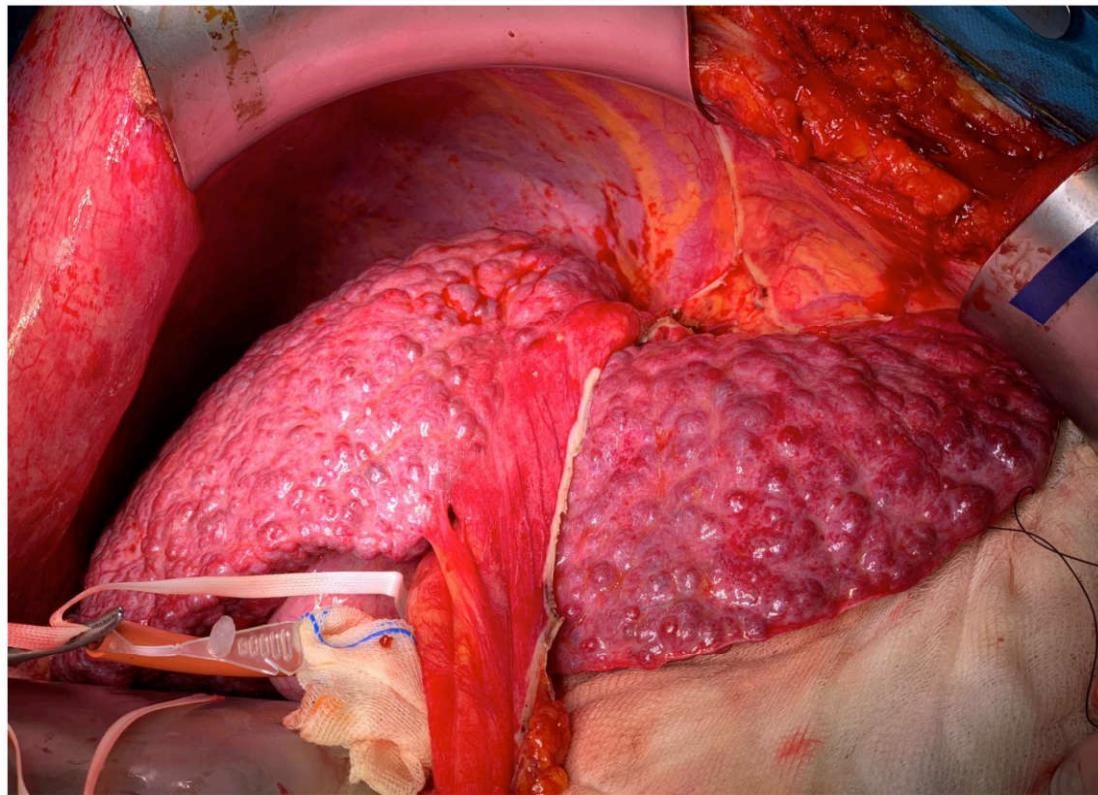
From Laparoscopic Cholecystectomy to Liver Transplantation: When the Gallbladder Becomes the Pandora's Box

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TRANSPLANTE HEPÁTICO



Cortesia: Prof. Eduardo Fernandes (RJ)





SAVE THE DATE



03 E 05 DE OUTUBRO DE 2019
HOTEL OURO MINAS - BH