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Endoscopic visualization of hepaticojejunostomy via anastomotic jejunal limb: A unique perspective

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Description

A 60 year old gentleman who presented with Obstructive jaundice secondary to periampullary carcinoma was evaluated and planned for upfront surgery. Contrast enhanced Computed tomography (CECT) scan of Thorax, abdomen and pelvis was done for staging and after ruling out metastasis, was planned for surgery which entailed pancreaticoduodenectomy. After the resection of primary tumor, anastomosis was done by bringing a loop of jejunum to supracolic compartment through a meso-colic window to the right of Middle colic vessels and Pancreaticojejunostomy (PJ) was done using modified Blumgart duct to mucosa technique, followed by Hepaticojejunostomy (HJ) using interrupted 4.0 PDS sutures 15 cm distal to PJ. This was followed by loop Gastrojejunostomy (GJ) in two layers. Patient had uneventful recovery postoperatively with no evidence of clinical or biochemical leak until postoperative day 7 when he suddenly had gush of fresh bleeding per rectum while going to the bathroom. Clinical examination revealed internal hem-

orrhoids which however did not show any evidence of fresh bleeding. However his Hemoglobin (Hb) dropped from 10.5 to 6.5g per deciliter. Presuming it to be secondary to Post pancreatectomy hemorrhage (PPH) [1], immediate CT angiography of abdomen and pelvis was done which revealed bleeding from inferior rectal artery and the same was angioembolised in collaboration with Interventional Radiology department in emergency theatre. After that, Patient was shifted to ICU for monitoring and resuscitation, but he continued to bleed post angioembolization and had passage of large clots per rectum on examination. In view of the same and persistent drop in hemoglobin, it was decided to proceed with reexploration along with upper and lower GI endoscopy [2] during the same to rule out any evidence of intraluminal bleed. However on reexploration, the anastomotic sites were found to be intact with no evidence of bleed in the peritoneal cavity. Upper Gastrointestinal endoscope (UGIE) was passed through the jejunal limb through the Gastrojejunostomy, in a retrograde fashion to the hepaticojejunostomy site, aided by manual manipulation of the endoscope through jejunal limb to see the site of anastomosis and here we have provided the image of the view of hepaticojejunostomy from inside the jejunal loop, which was intact and there was no evidence of hemobilia. Colonoscopy was also normal and patient was later managed conservatively with continued resuscitation and blood transfusion and recovered well postoperatively. Hence concluding that the bleed was probably from lower rectum only.

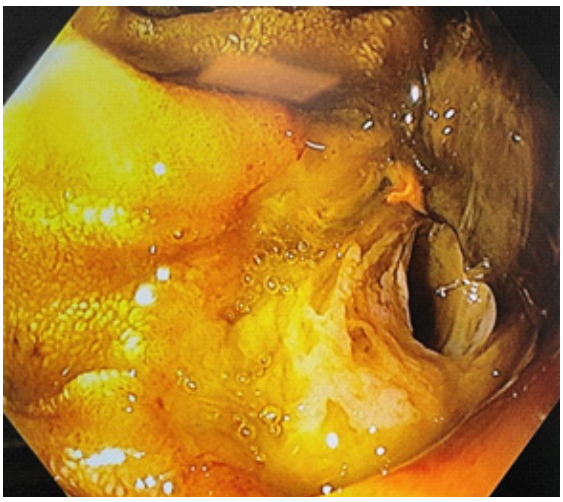

Figure 1: Clinical image.

The image (Figure 1) here shows the view of Hepaticojejunostomy from the UGIE passed in a retrograde fashion with guided manual manipulation through the jejunal anastomotic limb of pancreaticoduodenectomy which is the first image of its kind being photographed intraoperatively. In usual cases, the manipulation of endoscope through this anastomotic limb is not feasible due to the curvature and due to possible risks to anastomosis especially in a perioperative setting. This was possible in this case as it was manually guided during the simultaneous laparotomy patient had undergone, which adds to the rarity of the image.

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