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Biliary complications following liver transplantation

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Abstract
The biliary complications (BC) were always considered the "Achilles heel" of liver transplantation, being one of the leading causes of postoperative morbidity. The technique of the biliary reconstruction depends on the surgical procedure and it has a major impact on the patients and the graft evolution. The most frequent types of BC were stenoses, leaks, bilomas, cholangitis, etc. As an incidence, there is a peak of BC in the first 6 months after the transplant, a third of them appearing in the first month. Among the major BC risk factors, the most important are: hepatic artery pathology, the use of partial liver graft, bilioplasty and the number of biliary ducts and anastomoses. The BC management can be conservative, interventional or surgical depending on the type of BC. Along with the improvement of the interventional radiological and endoscopic methods, a large number of BCs are successfully treated non-surgically. There are still a few circumstances in which surgery is mandatory such as important persistent biliary leaks, even more when a partial liver graft was used or in association with hepatic artery pathology when re-transplantation is required. Multiple or serial biliary stenoses can lead to surgical revision. Although BC plays an important role in the patients postoperative morbidity, by early diagnosis and through numerous therapeutic methods promptly applied, there is no major impact on mortality.
Key words: biliary complications, liver transplantation, morbidity, treatment

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