

# Prevention of biliary fistula after partial hepatectomy by transcystic biliary drainage: randomized clinical trial

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## Editor

I read the article 'Prevention of biliary fistula after partial hepatectomy by transcystic biliary drainage: randomized clinical trial' by C. Maulat et al.<sup>1</sup> with great interest.

I wanted to draw attention to certain details. The authors supposed that the use of transcystic drainage during hepatectomy to prevent postoperative biliary fistula is not recommended. However, I think that this conclusion has some pitfalls which should be undertaken to consideration. First of all, previous studies including Cochrane Database and meta-analysis showed that a transcystic catheter would allow decompression of intraductal pressure, thereby preventing bile leakage from biliary branches. However, this study unexpectedly showed no benefit of transcystic biliary drainage for prevention of biliary fistula after partial hepatectomy. Does this mean that no role of decompression of intraductal pressure in preventing biliary fistulas? How the authors explain this different results in compare with previous many studies? What about the fact that major and/or chronic biliary leakage after hepatectomy can be treated by means of a biliary endoprosthesis which is proved by studies and we see in daily

practice? Could this ineffective transcystic biliary drainage be because of malfunction of the drain used (such as kinking, drain obstruction) in some cases. Daily output of the drainage was not given in this study. I think the study design is the cause of this different result, as the study population was very heterogenous. Subgroup analysis should be done. Furthermore, I think that cholecystectomy in left side hepatectomy is an over treatment, which has a further morbidity itself, including biliary fistula and increasing intraductal biliary pressure. I recommend analysis of study group of right side hepatectomy with indication of cholecystectomy and perform comparing between the group with and the group without transcystic biliary drainage, which will lead to more accurate conclusion to be consider in the practice.

## Reference

1. Maulat C, Regimbeau J-M, Buc E, Boleslawski E, Belghiti J, Hardwigsen J et al. Prevention of biliary fistula after partial hepatectomy by transcystic biliary drainage: randomized clinical trial. *BJS* 2020;**107**:824–831