ASGE guideline on management of post-liver transplant biliary strictures

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Recommendation 1: Consider ERCP over PTBD as the initial therapy for management of strictures

When comparing ERCP to PTBD, ERCP is associated with:

- Fewer number of procedures
- Lower chance of allograft rejection
- Shorter hospitalization and lower overall cost

Consider ERCP if there is:

- Difficulty managing percutaneous biliary drain at home
- Evidence of multiple intrahepatic strictures requiring multiple stents to be placed

Consider PTBD in:

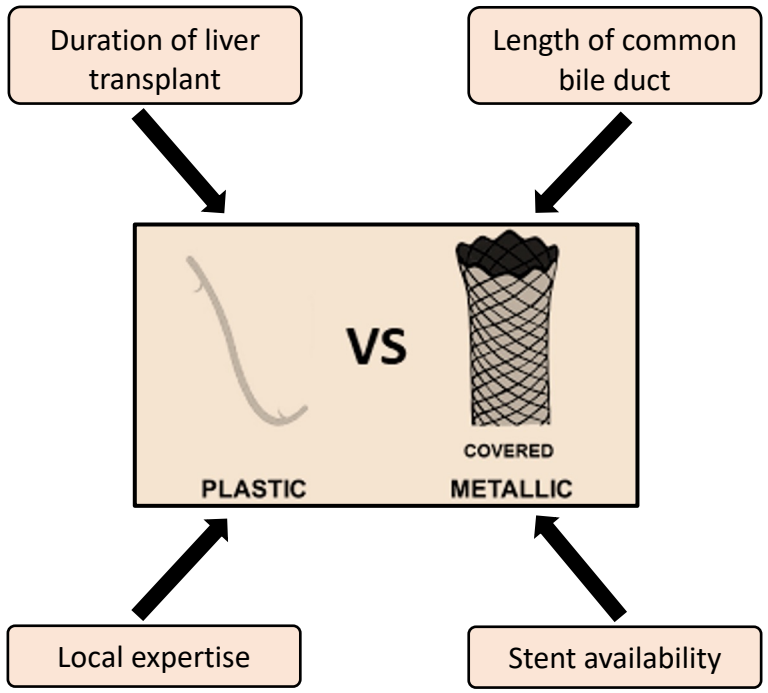
- Patients with altered foregut anatomy

Recommendation 2: cSEM should be used instead of MPS for initial management of extrahepatic biliary strictures

When comparing cSEM to MPS, cSEM are associated with:

- Fewer procedures and stents per patient
- No difference in rates of stricture resolution, recurrence or stent migration

Factors that influence the type of stent used in ERCP:



Recommendation 3: MRCP is an acceptable diagnostic test for detecting post transplant strictures

When evaluating post-transplant strictures, MRCP has:

- Pooled sensitivity of **94.9%**
- Pooled specificity of **90.3%**

- In patients with high pretest probability for a biliary stricture, ERCP should be considered rather than MRCP

Recommendation 4: Periprocedural antibiotic therapy

- In patients undergoing elective ERCP, when complete biliary drainage is challenging, **consider administration of periprocedural antibiotics**

- Individualized approach for administration of antibiotics based on each patient's biliary anatomy and risk factors

cSEM: covered self-expandable metal stents
ERCP: endoscopic retrograde cholangiopancreatography
MRCP: magnetic resonance cholangiopancreatography
MPS: multiple plastic stents
PTBD: percutaneous transhepatic biliary drainage

Kohli, Divyanshoo R et al. "American Society for Gastrointestinal Endoscopy guideline on management of post-liver transplant biliary strictures: summary and recommendations." Gastrointestinal endoscopy vol. 97,4 (2023): 607-614.