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Experience with Kasai portoenterostomy for the treatment of Biliary Atresia in a reference center in Colombia

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Introduction

Progressive pan-ductal obliterative cholangiopathy of the neonatal period
Incidence: **1 in 8000** to **1 in 20.000** live births (regional variation)
Few reports in **Latin America**

AIM To describe the **demographic characteristics** and **native liver survival** of patients who underwent Kasai portoenterostomy at FCI between **2016** and **2024**

Methods

Retrospective cohort study

Descriptive analysis of demographic variables

Survival analysis: Kaplan-Meier method

Results

n=46

Female	**n=29, 63%**
Mean age at KPE (days)	**85**
Age > 90 days at KPE	**40%**
Isolated BA	**n=24, 52%**
CMV associated BA	**n=16, 35%**
Cystic BA	**n=5, 11%**
Syndromic BA	**n=1, 2.2%**
Type III BA	**n=42, 91%**
Jaundice clearance 6 mo Post-KPE	**35%**

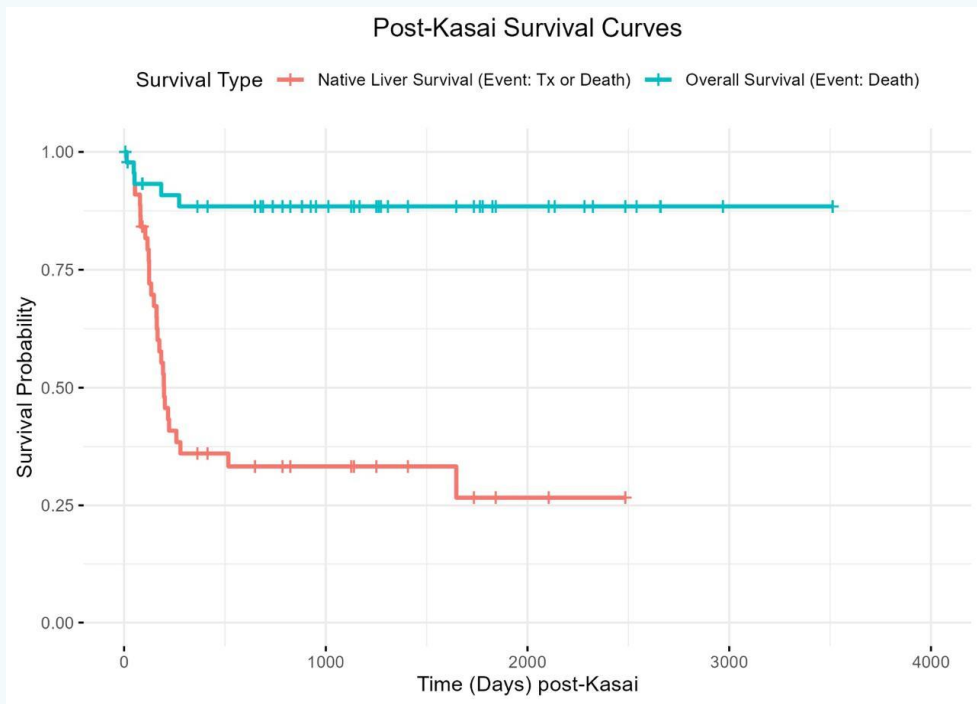

Fig 1. Survival analysis (Kaplan-Meier curves). Overall survival (OS) >88%. Long-term Native Liver Survival (NLS) 25%

(1990-2009) 1 center, **n=15**, no prevalence calculated

(2018-2021) Cross-sectional, **n=82**, Incidence 3.23 cases/100.000

(2008-2016) 1 center, **n=13**, no prevalence calculated

(2011-2015) 1 center, **n=30**, 0.47 cases/10.000 live births

(1982-2008) Multicenter, **n=513**, no prevalence calculated

Fig 2. BA reports in Latin America

Conclusions

- Demographic and survival data for patients with BA are **scarce in our region** **(Fig 2)**; to our knowledge, this is the largest cohort of patients documented in Colombia.
- OS was comparable to other Western series; however, **higher CMV** rates and **delayed KPE** may explain the lower NLS, highlighting the need to **strengthen referral networks** and **implement universal newborn screening**.

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