Blood supply to the bile ducts

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The supraduodenal CBD is supplied by the left and right choledochal arteries, arising from the posterior superior pancreaticoduodenal artery below and the right (RHA) and left (LHA) hepatic arteries and cystic arteries above (Figure 71.1). The choledochal arteries give small branches that form the epicholedochal plexus. The communicating arcade connects the RHA and LHA and lies cranial to the confluence of the right and left hepatic ducts. The venous drainage of the extrahepatic bile ducts con - sists of the epicholedochal venous plexus that drains into two marginal veins that drain into the right gastric vein, posterior superior pancreaticoduodenal vein and superior mesenteric vein and connect to the hilar plexus. Anatomical variations The right hepatic artery can be tortuous (caterpillar turn/ Moynihan’s hump) and may lie very close to the gallbladder and the cystic duct before giving o ff a short cystic artery (Figure 71.2b,c). Biliary and ductal anomalies include double cystic duct, separate insertion into the duodenum and anomalous low insertion of a right sectional duct (usually the posterior one, which puts this sectional duct at higher risk of injury).

(c) (b) tortuous common hepatic artery; (c) tortuous right hepatic artery with a

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Figure 71.3 Rouvière’s sulcus. R4U line, Rouvière’s sulcus segment IV umbilical /f_i ssure.

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