

Surgical (Open and Laparoscopic) Management of Large Difficult CBD Stones after Different Sessions of Endoscopic Failure

Emad Hamdy Gad^{1*}, Eslam Ayoup¹, Yasmin Kamel², Talat Zakaria³, Mohamed Abbasy³, Ali Nada³ and Mohamed Alsayed Abdelsamee⁴

¹Hepatobiliary Surgery, National Liver Institute, Menoufiya University, Egypt

²Anaesthesia, National Liver Institute, Menoufiya University, Egypt

³Hepatology and Endoscopy, National Liver Institute, Menoufiya University, Egypt

⁴Radiology, National Liver Institute, Menoufiya University, Egypt

Objectives: For complicated large difficult CBD stones that cannot be extracted by ERCP, patients can be managed safely by open or laparoscopic CBD exploration. The aim of this study was to assess these surgical procedures of CBDE after endoscopic failure.

Methods: We retrospectively reviewed and analyzed 85 patients underwent surgical management of large difficult CBD stones after ERCP failure, in the period from beginning of 2013 to beginning of 2018. The overall male/female ratio was 27/58.

Results: Sixty seven (78.8%) and 18(21.2%) of our patients underwent single and multiple ERCP sessions respectively with significant correlation between number of ERCP sessions and post ERCP complications (P=0.009). Impacted large stone was the most frequent cause of ERCP failure (60%). LCBDE, OCBDE and the converted cases were 24.7% (n=21), 70.6% (n=60) and 4.7% (n= 4) respectively. Stone clearance rate post LCBDE and OCBDE reached 95.2% and 95% respectively (P< 0.05), Eleven (12.9%) of our patients had post operative complications (14.3% post LCBDE and 11.7% post OCBDE, P<0.05) without mortality. By comparing LCBDE and OCBDE groups; there was significant association between the former and younger age, shorter referral time, more frequent choledochoscopy and longer operative time with independent correlation regarding age and operative time. On comparing, T-tube and 1ry CBD closure in LCBDE group, there was significant longer operative time and hospital stay in the former. However, on comparing them in OCBDE group, there was significant correlation between 1ry CBD closure and smaller diameter of CBD, single stone, choledochoscopy, shorter operative times and hospital stays. Furthermore, in OCBDE group, choledocscopy had independent direction to 1ry CBD repair and significant association with shorter operative time, hospital stay and higher stone clearance rate.

Conclusion: Large difficult CBD stones can be managed either by open surgery or laparoscopically with acceptable comparable outcomes with no need for multiple ERCP sessions due to their related morbidities; furthermore, Open choledocscopy has a good impact on stone clearance rate with direction towards doing primary repair that is better than T-tube regarding operative time and hospital stay.

Biography:

Emad Hamdy Gad MD, Currently working as an associate professor of surgery in the Department of Transplantation, Hepatobiliary & Pancreatic surgery, National Liver Institute, University of Minoufiya, Shibin El-Kom, Minoufiya, Egypt and Consultant, general surgery, hepatobiliary surgery in King Faisal hospital, Taif, KSA. He worked as a specialist in general surgery in Alkanzoury private hospital in Cairo, Egypt from 2008 to 2014 (part time). He worked as a consultant hepatopancreatobiliary and laparoscopic surgery in King Khaled hospital (General surgery and trauma hospital) in Hail in KSA for 6 months (Locum) from 2/ 2015 to 8/2015. He worked as a consultant general surgery in Al Nile hospital, Gherghada, Egypt from 3/2016 until 8/2016.