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Analysis of endoscopic treatment of benign diseases of the biliary tract complicated by mechanical jaundice

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Background: Unsuccessful attempts at endoscopic papillo-sphincterotomy (EPST) with the need to further eliminate choledocholithiasis in another way, in our view, due to the lack of clear indications for the latter. This unresolved issue prompted us to look for alternative treatments for “endoscopically complex” forms of choledocholithiasis and to define clear criteria for their implementation. Aim. Analysis of ineffective attempts of endoscopic treatment of benign diseases of the biliary tract complicated by mechanical jaundice.

Methods: The analysis of operative treatment of 34 patients with benign biliary tract diseases complicated by mechanical jaundice is given. Choledocholithiasis caused mechanical jaundice in 21 (61.8%) cases, biliary tract strictures in 6 (17.6%) and BDA strictures in 7 (20.6%) patients. Stricture of BDA developed after the following operations: biliobiliostomy - 1 (14.3%), GJA - 3 (42.9%), HDA - 2 (28.5%) and hepaticoduodenostomy - 1 (14.3%).

Results: Complications directly related to the implementation of EPST: ascending cholangitis due to duodeno-biliary reflux, in an unsuccessful attempt to remove the calculus with a diameter larger than the diameter of the biliary tract, distal to the obstruction - 4 (21.1%) patients. Transient hyperamylasemia was observed in 3 (15.8%) patients. These phenomena were stopped on the 1-2nd day after the application of therapeutic doses of protease inhibitors. Acute pancreatitis developed in 2 (10.5%) patients - also all attacks were stopped by conservative methods. Bleeding from a papillotomy wound was observed in 1 (5.26%) patient. The causes of bleeding in this case, in addition to the size of the incision, are a violation of the coagulating properties of blood on the background of long-standing MJ. Bleeding was stopped by rinsing the incision site with cold saline or aminocaproic acid through an endoscope and did not require targeted hemostatic therapy and blood transfusion.

Conclusions: Antegrade endobiliary interventions cannot replace endoscopic and traditional treatment of choledocholithiasis, but may be an alternative to biliary decompression and may prepare the patient for reconstructive surgery, complications that may develop after EPST are addressed by conservative treatment.

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