Endoscopic retrograde cholangio pancreatography (ERCP) – a novel risk factor for conversion of laparoscopic cholecystectomy

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- Abstract
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ENDOSCOPIC RETROGRADE CHOLANGIO PANCREATOGRAPHY (ERCP) – A NOVEL RISK FACTOR FOR CONVERSION OF LAPAROSCOPIC CHOLECYSTECTOMY

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Introduction: Laparoscopic cholecystectomy is the standard care for symptomatic gall stone disease. Although open cholecystectomy has a longer convalescence, it is considered a safe approach when difficulties are encountered during laparoscopic surgery. Though Studies have shown many risk factors for conversion the effect of preoperative ERCP is scarce worldwide.

Methods: Two hundred and two consecutive laparoscopic(LC) and laparoscopy converted to open(LCOC) cholecystectomies performed on patients attending a tertiary referral centre from 2014 to 2016 were analysed using SPSS version 20.0

Results: One hundred and thirty three LC and 69 LCOC were done with a conversion rate of 34.1%. Majority were females(76%). Mean age was 46.35 years(range 16–80). Demographic data and surgical factors are comparable in both groups. All patients with choledocholithiasis underwent ERCP prior to cholecystectomy. Fifty two percent and 6% had ERCP pre operatively in LCOC and LC groups respectively(OR - 13.9, 95% CI 5.8-32.9). Eighty one percent of the patients who underwent ERCP had a conversion($p < 0.001$). ERCP with common bile duct stenting(11%) had no significant correlation with the conversion. There is no significant association between number of ERCP and conversion(Median - 2, Range 1-5).Mean duration after ERCP to surgery was 20.3 weeks(range-2-48 weeks) in LCOC group. No bile duct injuries were reported in both groups.

Conclusion: High conversion rate of our case series could be due to the complexity of the referrals. ERCP is a significant risk factor for conversion according to our data. Post ERCP patients should be informed about the higher risk of conversion.

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INFLAMMATORY MYOFIBROBLASTIC TUMOUR OF GALL BLADDER AND LIVER: A CASE SERIES & REVIEW OF LITERATURE

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Inflammatory myofibroblastic tumors are rare benign tumors that can mimic malignancy of unknown aetiology. It has spectrum of myofibroblastic proliferation along with metastasis and cytogenetic evidence of acquired clonal chromosomal abnormalities. We hereby report a case series of three patients with inflammatory myofibroblastic tumour involving gallbladder, liver.

Inflammatory myofibroblastic tumor (IMT) occurs more frequently in childhood and the most common involvement is seen in the lungs. Primary inflammatory myofibroblastic tumors of the gallbladder are rather infrequent. The present knowledge is based on case reports. Initiating factors such as reactive, infections, autoimmune and neoplastic processes, has been proposed but the etiology of most remains unknown. The most frequently involved organ in the abdomen is the liver, while primary gallbladder involvement is quite rare. Present knowledge about this entity is based on case reports in the literature (9). The clinical picture in cases with IMT depends on the organ of involvement and site of the organ; abdominal pain, jaundice and ascites might be the presenting symptoms, according to the localisation in the liver involvement.

In our cases symptoms were abdominal pain and dyspepsia. CT demonstrated involvement of liver, gallbladder, which is rare. Hence, decision of extended cholecystectomy taken to do in these cases.

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MANAGEMENT STRATEGY OF BILE DUCT INJURY: EXPERIENCE IN DHAKA MEDICAL COLLEGE HOSPITAL, BANGLADESH

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Background: Bile duct injury presents with significant symptoms and causes serious complications that are life threatening both in short and long term. Management strategy has considerable surgical challenge.

Materials and methods: This prospective observational study includes 160 patients of bile duct injury surgically treated from January 2010 to December 2017. Patients were selected randomly irrespective of age, sex and presentation. Aim of this study was to evaluate the mode of presentation and outcome of surgery. The patients were followed up for 2 to 24 months.

Results: In the study 60% patients presented with obstructive jaundice. 62.5% injuries occurred during laparoscopic cholecystectomy . 60% patients presented within 2 weeks of initial surgery. 45% cases were Bismuth grade 3 injury . Primary Roux-en-Y hepaticojejunostomy was done in 18.75% patients, controlled biliary fistula done in 75% patients, late (6 to 12 weeks) Hepaticojejunostomy and cholangiojejunostomy done in 75% patients. Anastomotic leak(10%) in primary repair and wound infection(25%) in delayed repair were most common post operative complications. After follow up 18.75% patients with primary repair and 8.33% patients with delayed repair complained of recurrent cholangitis.

Conclusion: Control of intra abdominal sepsis by