

## ENDOSCOPIC TREATMENT OF CHOLEDOCHOLITHIASIS

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**Introduction.** Endoscopic retrograde cholangiopancreatography (ERCP) is currently an accepted reference method for treatment of choledocholithiasis.

**Aim.** To evaluate the effectiveness and safety of endoscopic diagnostics and treatment of choledocholithiasis.

**Materials and methods.** The analysis comprised the results of 2989 ERCPs performed in the Division of Endoscopy at the Department of General Surgery in the Municipal Hospital in Olsztyn during the years 2000–2009. Indications, course, findings and results of 1516 ERCPs and endoscopic sphincterotomies (ES) performed in order to treat biliary tract stones were analyzed retrospectively.

**Results and discussion.** The major study group consisted of 764 (52.0%) patients with gallbladder stones and coexisting biliary tract stones. The next group comprised 571 (34.0%) patients with residual choledocholithiasis who underwent cholecystectomy and biliary tract surgery. Moreover, 133 (9.0%) ERCPs, ESs and endoscopic evacuations of biliary stones were urgently performed in acute biliary pancreatitis, which beneficially changed the course of the disease. In 75 (5.0%) cases of recurrent choledocholithiasis, consecutive ESs and stones evacuations were performed. The method failed in 95 (6.3%) cases due to difficulties with the cannulation of the papilla of Vater or the inability to evacuate stones from the biliary tract. All these patients were operated on urgently or electively when the decompression of cholestasis was successfully carried out by the placement of biliary prostheses. There were 6 serious cases in which complications occurred in the form of: severe post-sphincterotomy bleeding from the papilla of Vater, Dormia basket impaction, and acute hemorrhagic pancreatitis. All these patients were operated on.

**Conclusions.** 1. The obtained results confirm the high effectiveness of endoscopic treatment of biliary tract lithiasis carried out before the elective laparoscopic cholecystectomy, as well as treatment of residual choledocholithiasis after cholecystectomy and surgery of the biliary tract. 2. Urgently performed endoscopy in acute biliary pancreatitis beneficially changed the course of the disease in almost all cases. 3. The number of serious complications did not exceed the rates of complications reported by the referral centers.