

LAPAROSCOPIC COMMON BILE DUCT EXPLORATION (LCBDE) IN MANAGEMENT OF COMMON BILE DUCT STONES. OUR EXPERIENCE.

I.Buoncompagni, C. Cavaliere, F. Frandina, M. Middonna and C. Ciliberto
Gastroenterology Unit, S.Giovanni Di Dio Hospital, Crotona, Italy

The management of symptomatic or incidentally discovered Common Bile Duct Stones (CBDS) is still controversial. Treatment options for these stones include ERCP, open surgery, or Laparoscopic Common Bile Duct Exploration (LCBDE). Laparoscopic Cholecystectomy (LC) with simultaneous LCBDE seem to be as safe and as efficient as ERCP, and avoid an extra procedure. This study evaluates the safety and short-term outcome of LCBDE in a single institution over a 12-year period.

This study was carried out on 126 unselected patients with gallbladder stones and with suspected or confirmed CBD stones. They were treated by a single-step procedure combining LC and LCBDE.

126 unselected patients, 75 female and 51 males (median age 65,5 yrs) were suspected for CBD stones. All patients underwent LCBDE for choledocholithiasis during the study period and choledocholithiasis was confirmed in 114 patients (90,4%). The success rates of procedure was 94%. Conversion to open cholecistectomy occurred in four cases due to severe adhesion. Intra Operative Cholangiography (IOC) revealed the presence of CBD stones in 106 patients (84%). LCBDE via the transcystic route was performed in 7 cases (5,6 %) while another 119 (94,4%) patients had laparoscopic choledochotomy. For the patients who underwent a laparoscopic choledochotomy, T-tube was inserted in 93 patients (78,1%) with the remaining 26 patients (21,9%) undergoing primary closure of the choledochotomy. The median duration of postoperative hospitalization was 3,4 days (range, 1-32) with no associated mortality. The main complications (12%) included fever in the immediate postoperative period (7,9%); retained CBD stones (1,7%) and biliary leakage (1,7%). These were treated successfully with postoperative ERCP with no further surgery required. The median follow-up was 52,2 weeks with no recurrent stones or strictures.

Our results support those of international data in terms of morbidity, mortality and length of hospital stay. LCBDE is a safe operation with good outcome in managing choledocholithiasis and can significantly decrease the hospital stay and reduce the hospital cost.