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An algorithm for the treatment of the biliary complications of hepatic hydatid disease

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Gürkan ÖZTÜRK
M. İlhan YILDIRGAN
S.Selçuk ATAMANALP
Mahmut BAŞOĞLU
Bülent AYDINLI
K. Yalçın POLAT
Durkaya ÖREN
Abdullah KISAOĞLU

Department of General Surgery, Faculty of Medicine,
Atatürk University,
Erzurum - TURKEY

 [Keywords](#)
 [Authors](#)



medsci@tubitak.gov.tr

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Abstract: Aim: The treatment of hepatic hydatid disease (HHD) is currently standardized. Biliary complications of HHD complicate both the treatment and course of the disease. Several investigations have been performed on the biliary complications of HHD and their treatment. We propose an algorithm for the treatment of the biliary complications of HHD based on our experience. Materials and methods: We investigated 148 patients that underwent endoscopic retrograde cholangiopancreatography (ERCP) due to complicated HHD between January 2000 and December 2006 at the endoscopy unit of the Department of Surgery of Atatürk University Medical School. Age, sex, indications for ERCP and endoscopic sphincterotomy (ES), ERCP findings, laboratory data, operative findings, postoperative complications, and additional interventions (surgical or percutaneous) were noted. Results: Twenty-six patients had not previously undergone surgery for HHD. While 23 of these patients underwent ERCP preoperatively, 3 underwent ERCP during both the pre- and postoperative periods. The remaining 122 patients underwent surgery for HHD and ERCP during the postoperative period. Indications for preoperative ERCP were cholangitis and various clinical signs of cysto-biliary communication (CBC), such as abnormal liver function test results (bilirubin, ALT, AST, GGT, and ALP), biliary colic, and obstructive jaundice. In this group of patients ERCP/ES was not successful in 2 patients that underwent surgery due to emergent circumstances, and another 3 patients developed postoperative biliary fistulae. Indications for postoperative ERCP were persistent bile leakage after surgical treatment for HHD, postoperative hyperbilirubinemia and cholangitis, and postoperative biloma formation in the cystic cavity. All patients with cholangitis experienced relief of symptoms after ERCP and ES, 1 patient with biloma formation and 5 patients with persistent biliary fistulae were operated on. Conclusion: ERCP and ES are highly effective in the treatment of the biliary complications of HHD. Repeat ERCP should be performed in patients that do not respond to the first intervention.

Key words: Hepatic hydatid disease, persistent biliary leakage, biloma, ERCP

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