

Elective Laparoscopic Cholangiography in Lithiasic Pathology. Intraoperative Selection Criteria

O.L. Madge, Cl. Doha, C. Cirimbei, E. Brătucu, N. D. Straja

1st Surgical Clinic, "Prof. Dr. Al. Trestioreanu" Institute of Oncology, Bucharest, Romania

"Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania

Abstract

Introduction: The introduction of laparoscopic techniques has caused the dispute between supporters of routine or elective intraoperative cholangiography to continue, but at present most authors recommend its elective practice on the basis of well-established preoperative and / or intraoperative indications, thus avoiding to carry out a large number of unnecessary procedures, with their inherent disadvantages and risks.

Method: A retrospective study was conducted over 20 years, comprising 100 elective laparoscopic cholangiographies.

Results: The most representative parameter for the indication of intraoperative laparoscopic cholangiography in choledochal lithiasis suspicion has proved to be common bile duct dilation of over 3 mm, optionally accompanied by cystic calculi and / or main bile duct dilation over 10 mm.

Conclusions: According to the analysed data, laparoscopic cholangiography proved to be a safe method of intraoperative exploration, with mortality and morbidity specific to the null method, but also with an excellent reliability in highlighting CBD lithiasis.

Key words: laparoscopic cholangiography, biliary lithiasis, ultrasound, dilated cystic duct