Introduction

Injuries of the common bile duct CBD represent one of the most dangerous and complicated problems in gastro-intestinal tract surgery . Injury of the CBD is a catastrophic possibility for every patient undergoing gall-bledder surgery, or surgery near by during operations carried out on the stomach, duodenum, pancreas ***(Rob and Smith, 1981),*** and the colon ***(Maingot, 1974)*** , or during exploration of the CBD . ***(Rob and Smith, 1984)*** .

In a review of literature from centres in which surgery is usually performed by trained surgeons it has been found that the incidence of bile duct injury is about one in 300 - 500 operations for gall stones . More than 80% of cases occur after cholecystectomy. ***(Nahrwold, 1986)*** .

Surgical injuries of the CBD occur by accidental ligation of it, surgical instruments or by surgeon mistakes ***(Maingot, 1979)*** .

CBD injuries may be occured during conventional and laparoscopic cholecystectomy ***(Huang et al., 1993)*** .

The risk of CBD injuries after laparoscopic cholecystectomy 5/1000 ***(Huang et al., 1992)*** , is acceptable compared with the risk of injury during open cholecystectomy which is around 2 / 1000 . ***(Birdi et al., 1994)*** .

Operative injuries of the bile ducts usually have serious consequences in terms of morbidity 0.2% and ultimate mortality

(mortality rate after conventional cholecystectomy is about 0.4% and after laparoscopic cholecystectomy is 0% ***(Brune et al., 1994)***.

The life of these patients is usually one of considerable distress, unless correct treatment is instituted . The magnitude of the tragedy is made greater by the knowledge that most of these operative accidents are preventable ***(Nahrwold , 1986)***.

The most common complictions of CBD injuries are cholangitis, intra-abdominal abscess, bile peritonitis, stricture of CBD and biliary fistula ***(Welch, 1985)*** .

Managment of the injured CBD depends on the time of recognition of this injury ; If it occurs during operation, repair must be done at once ***(Glenn and Cameron, 1981)***.

Surgical treatment of the injured CBD include different methods of repair as cholecdochoduodenostomy, cholecdoch-ojejunostomy (Roux-en-Y), and plastic repair .

(Thorbjarnarson, 1982).

Endoscopy as a new modality for diagnosis and management of CBD injuries has been also reported ***(Kozarek et al., 1994)***.

The aim of this essay is to review and study of various aspects related to CBD injuries regarding the predisposing factors, diagnosis, investigations and complications of CBD injuries in an attempt to recommend the best lines of mangement .