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# Internal stenting and primary common bile duct closure versus t-tube drainage or choledochoduodenostomy in management of calcular obstructive jaundice

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**SUMMARY**Forty-five patients; twenty-eight females and seventeen males of variable ages, suffering from calcular obstructive jaundice of variable duration with failure of ERCP to extract the stones, were included in this study. All patients were collected from Benha University Hospital since the period from 1999 to 2002. These patients were classified according to the method of closure of CBD into three groups: -Group A: Including 15 patients (33.3%), were subjected to closure of CBD over T-tube after its exploration. Group B: Including 15 patients (33.3%), were subjected to choledochoduodenostomy after exploration of CBD. Group C: Including 15 patients (33.3%), were subjected to primary closure of CBD over choledochoduodenal stent after its exploration. The presenting symptoms were as follows in order of frequency: Jaundice (100%), biliary colic (97.7%), dyspepsia (75.5 %), dark urine (68.8 %), clay stool (57.7%), pruritis (31.1%), fever (26.6%) and cholangitis (2.2%).<sup>143</sup> Abdominal ultrasound was done to all patients to confirm the diagnosis and to detect other pathology. Also ERCP was done to all patients either diagnostic or therapeutic to select the patients for surgery. Liver functions tests were done to all patients to assess the severity of the conditions. The same surgical procedures in the form of cholecystectomy and exploration of CBD was followed in 3 groups. On comparing the operative data gained from 3 groups, the results gained were as follows respectively: The mean operative time (75, 88 and 51 minutes) and mean period of hospital stay (14, 9 and 4.4 days). The study of post operative complications in 3 groups revealed the following: Biliary leakage (20 %, 13.3 % and 0 %), sub-hepatic collection (6.7 %, 6.7 % and 0 %), cholangitis (0 %, 6.7 % and 0 %), pancreatitis (6.7 % , 0 % and 6.7 %)), chest infection (0 % , 6.7% and 6.7 %), wound infection (6.7 %, 6.7 % and 0 %) and recurrent stones (0 , 6.7 % and 0 %). There were no mortality among 3 groups. Symptomatic improvement gained by surgery in 3 groups during 6 months follow up regulated 1 month , 3 months and 6 months postoperatively, was as follows respectively, (73.7 %, 80 % and 100%) , (80 %, 93.3 % and 93.3 %) and (93.3 %, 93.3 % and 100 %) . Laboratory improvement was recorded throughout the same schedule in 3 groups respectively, (86.7 %, 93.3 % & 93.3 %), (86.7%, 93.3 % & 93.3 %) and (100%, 100 % & 100 %).<sup>144</sup> Post operative morbidity in 3 groups , were recorded respectively as follows: Jaundice (6.7 % , 20 % & 0 %), fever (6.7 % ,

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20 % & 0 %) dyspepsia (6.7% , 6.7% & 6.7% ), dark urine (6.7 % , 13.3 % & 0 %), cholangitis (0 , 6.7 % & 0 %) and pancreatitis (6.7% , 0% & 6.7%). On comparing the results gained from 3 groups, there were statistical differences between 3 groups denoting that such procedure in group C; internal stenting and primary closure of CBD, with relatively low complications, morbidity and short operative time and hospital stay, can be considered as a satisfactory method for surgical management of calculous obstructive jaundice.