Abstract

For complicated large difficult CBD stones that cannot be extracted by ERCP, patients can be managed safely by open or laparoscopic CBD exploration. The aim of this study was to assess these surgical procedures of CBDE after endoscopic failure. **Methods**: We retrospectively reviewed and analyzed 85 patients underwent surgical management of large difficult CBD stones after ERCP failure, in the period from beginning of 2013 to beginning of 2018. The overall male/female ratio was 27/58. **Results**: Sixty seven (78.8%) and 18(21.2%) of our patients underwent single and multiple ERCP sessions respectively with significant correlation between number of ERCP sessions and post ERCP complications (P=0.009). Impacted large stone was the most frequent cause of ERCP failure (60%). LCBDE, OCBDE and the converted cases were 24.7% (n=21), 70.6% (n=60), and 4.7% (n= 4) respectively. Stone clearance rate post LCBDE and OCBDE reached 95.2% and 95% respectively (P> 0.05), Eleven (12.9%) of our patients had post operative complications (14.3% post LCBDE and 11.7% post OCBDE, P>0.05) without mortality. By comparing LCBDE and OCBDE groups; there was significant association between the former and younger age, shorter referral time, more frequent choledochoscopy, and longer operative time with independent correlation regarding age and operative time. On comparing, T-tube and 1ry CBD closure in LCBDE group, there was significant longer operative time, and hospital stay in the former. However, on comparing them in OCBDE group, there was significant correlation between 1ry CBD closure and smaller diameter of CBD, single stone, choledochoscopy, shorter operative times and hospital stays. Furthermore, in OCBDE group, choledocoscopy had independent direction to 1ry CBD repair and significant association with shorter operative time, hospital stay, and higher stone clearance rate. **Conclusion**: Large difficult CBD stones can be managed either by open surgery or laparoscopically with acceptable comparable outcomes with no need for multiple ERCP sessions due to their related morbidities; furthermore, Open choledocoscopy has a good impact on stone clearance rate with direction towards doing primary repair that is better than T-tube regarding operative time and hospital stay.

Biography

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