

Name:

Muhammad Manzoor ul haque

Designation:

Senior Lecturer

Institute:

Sindh Institute of Urology and Transplantation

City:

Karachi

Phone:

923453142406

Email Address:

manzoorsiddiqui777@hotmail.com

Topic:

Safety and Efficacy of Extracorporeal Shock Wave Lithotripsy for Difficult-to-Retrieve Common Bile Duct Stones: A Ten Year Experience

All Authors:

Muhammad Manzoor ul Haque, Nasir Hassan Luck, Abbas Ali Tasneem, Farina Hanif, Kapeel Raja

Abstract:

Abstract Background/Aims Extracorporeal shock wave lithotripsy (ESWL) for common bile duct (CBD) stones has been used in the past but experience is limited. We report our experience regarding ESWL in the management of difficult to retrieve biliary stones. Methods All patients with difficult to retrieve CBD stones who underwent ESWL were enrolled. Stones were targeted fluoroscopically after injection of contrast through nasobiliary drain (NBD). Outcome was assessed by CBD clearance. Both early and late complications were noted. Results Eighty three patients were included, mean age 50.5 ± 14.5 ; predominantly females 43 (51.8%). Patients with large stones $>15\text{mm}$ were seen in 64 (77.1%), CBD stricture in 22 (26.5%) and incarcerated stone in 8 (9.6%) patients. A total of 178 ESWL sessions were performed in 83 patients, with 2.1 ± 1.2 sessions of lithotripsy and 4266 ± 1881 shockwaves per session. In 75 (90.3%) patients, the fragments were extracted endoscopically after ESWL, while spontaneous passage was observed in 08 (9.6%) patients. Total CBD clearance was achieved in 67 (80.6%) patients, partial clearance in 5 (6%) and no response in 11 (13.2%). Failure of the treatment was observed in patients with large stone size $\geq 2.0\text{cm}$ ($p=0.021$), presence of incarcerated stone ($p=0.020$) and pre ERCP cholangitis ($p=0.047$). Total hospital stay was 9.6 ± 4.8 days. Conclusions ESWL is noninvasive, safe and effective therapeutic alternative to surgical exploration for difficult biliary stones. Key word: Difficult to retrieve biliary stone, Extracorporeal shock wave lithotripsy (ESWL), Nasobiliary drain