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The effectiveness of the new method of radial sphincterotomy

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Introduction: In choledocholithiasis subject to the size of the stone and the anatomical structure of the papilla the size of the cross-section in sphincterotomy may vary. Sufficiently large incision in sphincterotomy leads to the increase in the incidence of complications after ERCP as perforation, cholangitis, and pancreatitis.

Materials & Methodology: We performed 77 ERCP (endoscopic retrograde cholangio-pancreatography) operations in patients with a diagnosis of "choledocholithiasis". In the first group (59 patients) we performed standard sphincterotomy incision in 11, 12 or 13 o'clock direction, in the second group (18 patients) - "radial" sphincterotomy. The technique of "radial" sphincterotomy we developed allows to make several lateral incisions in 11, 12 and 13 o'clock directions. Thus, the main incision can be made up to transverse fold, and other radial incisions shall be made below the transverse folds, without going beyond the boundaries of the assumed course of intramural choledoch. Thus, the complete cross section of the incision with additional incisions at the radial sphincterotomy becomes 1.5 times larger than the main incision in standard sphincterotomy.

Results: In the first group periampullary diverticulum was 16.7%, while in the second group - 47.4%. Number of stones in the first group - 2.25 ± 0.49 , in the second - 2.22 ± 0.32 , sizes of the stones - 10.07 ± 4.93 and 19.01 ± 3.31 mm, respectively. In the first group, complications occurred in 3 (5.08%) patients: in 1 of them - post-ERCP pancreatitis, in 2 - bleeding during the session. In the second group, only 1 (5.5%) patient had pancreatitis and other early and late complications. In the first group with 3 patients - the common bile duct stone removal was achieved in two sessions with a few day interval, the remaining - in a single session. In the 2nd group, all patients required only one session. No cases of mortality occurred in any of the groups.

Conclusions: Radial sphincterotomy technique was substantiated from anatomical and mathematical aspects. The proposed technique is a safe way to increase the area of dissected papillae ensuring efficient removal of large stones through such incision.

Recent Publications:

1. Yusif Zade K R (2014) Rationale for the effectiveness of the new method of radial sphincterotomy in the obstruction of extrahepatic biliary tract. *Kazan Medical Journal*. 956(6):816-821.
2. Zhang W J et al. (2015) Treatment of gallbladder stone with common bile duct stones in the laparoscopic era. *BMC Surgery*. 15:7.
3. Trikudanathan G, Navaneethan U and Parsi M A (2013) Endoscopic management of difficult common bile duct stones. *World J. Gastroenterol*. 19(2):165-173.
4. Heo J H et al. Endoscopic sphincterotomy plus large-balloon dilation versus endoscopic sphincterotomy for removal of bile-duct stones. *Gastrointest Endosc*. 66(4):720-726.

Biography

Kenan Yusif Zade holds an MD and PhD Degree from Azerbaijan Medical University, Azerbaijan. He also holds an MBA Degree from Maastricht School of Management, The Netherlands and EMBA Degree from ADA University, Azerbaijan. He is the Head of Military Hospital of State Border Service, Azerbaijan. His professional fields are general surgery, gastroenterology and invasive endoscopy. In 2007, he founded an Association of Turkish-Azerbaijani Endoscopic Surgeons. He is also the President-Elect (2017-2019) of Ambroise Paré International Military Surgery Forum (APIMSF). His second education is Business Management.

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