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Therapeutic interventional endoscopic ultrasound in advanced biliary malignancy

C Rinaldi A Lesmana
Medistra Hospital, Indonesia

Biliary malignancy is one of the challenging problem in the field of gastroenterology. It requires multi-disciplinary and multi-modalities approach to give a better patient's management. However, clinical expertise in the new era of advance diagnostic imaging and also innovation in therapeutic modalities become more debatable regarding the human resources, hospital investment and cost, and also the patients' expenditure with future outcome of the disease itself. The most therapeutic modality which has been used widely in advance stage of biliary malignancy case is known as endoscopic retrograde cholangiopancreatography (ERCP) procedure, however the patient's survival rate has become the most important thing before deciding the most appropriate procedure. The risk and possible complications during and after ERCP procedure, such as bleeding, pancreatitis, perforation also need to be considered and put together in clinical practice. Another option such as percutaneous trans hepatic biliary drainage (PTBD) has been considered when ERCP is unsuccessful and due to the simple steps of PTBD, it might become the first of choice when the patient's condition is contraindicated for advance procedure or deep sedation. Endoscopic ultrasound (EUS) is an old time innovation with new regeneration in the field of therapeutic endoscopic procedures. Recently, its development has giving many promising interventional procedures in Hepatopancreatobiliary diseases. The role of EUS biliary drainage (EUS-BD) is one of the cutting-edge that has been used in biliary obstruction due to advance biliary malignancy. It combines ERCP and interventional trans abdominal ultrasound techniques to approach and managing bile duct obstruction. It also requires dedicated accessories to make the procedure successful. Therapeutic interventional EUS has been considered as a new cutting-edge innovation for managing advance biliary malignant cases, however the cost benefit of this procedure should be always considered in most of patients with advanced biliary malignancy with biliary obstruction.

Biography

Cosmas Rinaldi A. Lesmana is Senior Lecturer at Department of Internal Medicine, Hepatobiliary Division, Cipto Mangunkusumo Hospital, University of Indonesia and Consultant Gastroenterologist & Hepatologist at Cipto Mangunkusumo Hospital.

medicaldr2001id@yahoo.com

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