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Post ERCP complications based on the severity of acute cholangitis according to Tokyo guideline staging 2018

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Introduction: Acute cholangitis (AC) is a pathological condition characterized by an ascending bacterial infection of the biliary ductal system with the obstruction caused by various etiologies. Endoscopic retrograde cholangiopancreatography (ERCP) is performed as a therapeutic procedure for biliary drainage in acute cholangitis but associated with higher rates of complications respective to other endoscopic procedures. These complications include pancreatitis, bleeding, trauma and cardiopulmonary problems.

Aim: The aim of this study is the detection of any significant relationship between the Tokyo guideline 2018 staging of acute cholangitis and the complications associated with the ERCP modality.

Materials & Methods: 283 patients had been diagnosed with acute cholangitis and underwent ERCP, between January 2015 and February 2018 encountered at the Gastroenterology and Hepatology Department of Timisoara Emergency County Hospital, 43% of the patients are males (n=122), 57% of the patients are females (n=161). The minimal age of the patients which is 17 years old and the maximal one being 92 years old, the average age of the patients involved in the study is 64 years old. The severity assessment and the staging of all acute cholangitis cases were based on the TG13/18; "Grade I" (Mild) comprises 179 patients (63% of the patients), "Grade II" (Moderate) comprises 63 patients (22 % of the patients), whereas "Grade III" (severe) comprises 41 patients (15% of patients). Inclusion in the study was based on the diagnosis of "Acute cholangitis" in the patient's medical charts. Subsequently, the required data were extracted from the patient's medical charts. Furthermore, the patients that did not undergo therapeutic ERCP were excluded.

Results: ERCP complications are reported only in 34 patients (12%) out of 283 which underwent ERCP. The most common complication was post-sphincterotomy hemorrhage, observed in 17 patients (6% of the patients), acute pancreatitis in 14 patients (5.3% of patients), other complication in 3 patients (1.06%). According to TG18, 11 from 41 Patients with severe AC had Post ERCP complications (26.8%), 8 from 63 Patients with moderate AC (12.6%) and 15 from 179 Patients with mild AC (8.3%).

Conclusion: ERCP is the gold standard and first line therapy for acute cholangitis in the department of gastroenterology and hepatology of the county hospital Timisoara but it remains a procedure with many complications. The TG18 could predict higher risk of complication according to the severity of AC.

Recent Publications

1. Kiriya S, Kozaka K, Takada T, *et al.*, (2018) Tokyo Guidelines 2018: diagnostic criteria and severity grading of acute cholangitis. J Hepatobiliary Pancreat Sci. 25(1):17-30.
2. Monjur Ahmed (2018) Acute cholangitis-an update. World J Gastrointest Pathophysiol. 9(1): 1-7.

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