

All About Percutaneous Biliary Drainage in Unresectable Cholangiocarcinoma

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Abstract

Purpose: The aim of this study is to describe the role of the percutaneous biliary drainage (PTBD) in the management of patients with hepatic cholangiocarcinoma (CC) and also to assess outcomes and complications after PTBD procedures.

Methods and Materials: 225 consecutive patients with biliary obstruction managed by PTBD were included. All cases were performed by four consultant interventional radiologist between January 2014 and March 2016. Demographic data, patients history, the radiological data base, laboratory test from and following intervention, procedural records, clinical and imaging follow-up were reviewed. Pre procedure imaging with abdominal ultrasound and computed tomography was performed in all patients. Complications were grouped into immediate (occurring <24 hours) early (24 hours to 30 days) and late (>30 days). 30-day mortality was calculated.

Results: In total there were 111 male (49,3%) and 114 female (51,7 %). The mean age was 61,5 years and ranged from 88-27 years. The approach for PTBD was left sided in 21 cases (9,3%), and right sided in 204 cases (90,7%). There were 6 (<3%) technical failures giving a technical success rate of (97,3 %). These included 2 cases of bleeding and 4 cases were we were unable to cross the obstruction. The procedure related mortality was 5 (2,2 %), these included 4 cases of sepsis and 1 case of pneumonia secondary to pleural effusions post procedure.

Conclusion: PTBD represents a safe and valid method in providing palliative treatment for stage IV cholangiocarcinoma.

Key words: colangiocarcinoma, interventional radiology, complications