

Clinical characteristics and outcome of malignant biliary obstruction in ERCP: single unit experience from Northern Sri Lanka

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Introduction Malignant biliary obstruction requires early intervention to avoid biliary sepsis. These lesions are advanced at presentation and surgically unresectable in most cases. An endoscopic approach effectively provides biliary drainage by placing plastic or metal stents for continuous decompression of the biliary tract. There are limited studies on malignant biliary stricture in Sri Lanka.

Objective Describe the clinical characteristics and outcome of malignant biliary obstruction in patients who underwent ERCP in Teaching hospital Jaffna.

Methods A retrospective descriptive study was carried out at the teaching hospital Jaffna from 2019 to 2021. All data pertaining to malignant biliary tract obstruction were obtained from patient records.

Results Seventeen patients were included in this study. Among them, 52.9% were males, and 47.1% were females. The mean age was 68.47 ± 11.97 years (52 – 86 years). The most common cancer, causing malignant biliary tract obstruction was cholangiocarcinoma (53%). Periampullary carcinoma (17.6%), pancreatic carcinoma (11.8%), and klatskin tumour (11.8%) were the other cancers found. Successful biliary drainage was performed in 9 (52.9%) patients. The rest of the 8 patients opted for interventional radiological or operative management. Stenting was carried out in 9 patients (52.9%). Plastic stents in 5 patients (29.4%) and metallic stents in 4 patients (23.5%). Observed post-procedural complications were 11.8%. Procedural mortality was 5.9% (n=1).

Conclusion In patients with malignant biliary tract obstruction, therapeutic ERCP may help to relieve the obstruction and avoid biliary sepsis. The procedure is safe with an acceptable rate of complications. Further studies are needed to explain the clinical characteristics of malignant biliary obstruction due to the limited number of patients.

Keywords Malignant biliary obstruction, ERCP, Biliary drainage, Biliary stenting, cholangiocarcinoma