

The problem of iatrogenic common bile duct injury, or the picture of an iceberg peak

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Abstract

The goal of this study was to increase the awareness of the problem of iatrogenic common bile duct injury.

Methods: A retrospective review of the biliary primary or redo reconstructions performed at our clinic, for iatrogenic injuries, was done. A total of 34 cases were followed for 2 to 16 (mean 8.5±4.5) years in order to assess their long-term outcomes.

Results: There were 8 Strasberg D lesions and 26 Strasberg E lesions. The mortality rate was 6% (2 patients). The mid and long term outcomes were good in 82% cases (28 patients). Over all there were 108 surgical, radiological or endoscopic interventions (mean 3.2±1.8). Only 2 patients didn't have a complicate course after the initial surgery. We have counted 87 (mean 2.5±2.9) complications, 107 (mean 3.1±2.2) hospital admissions, and 1182 (mean 37±25) hospitalization days. General and local sepsis were the main risk factors for the failure of the biliary reconstruction.

Conclusions: As a rule, iatrogenic common bile duct injuries have a complicated postoperative course, with many hospital admissions and surgical, endoscopic or radiological interventions. Before biliary reconstruction, every attempt must be done to prevent or control general and local sepsis. Biliary injuries are more easy to prevent than to treat.

Key words: iatrogenic injury, bile duct injury, laparoscopic cholecystectomy, long-term outcomes

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