



Ostruzione biliare invalicabile

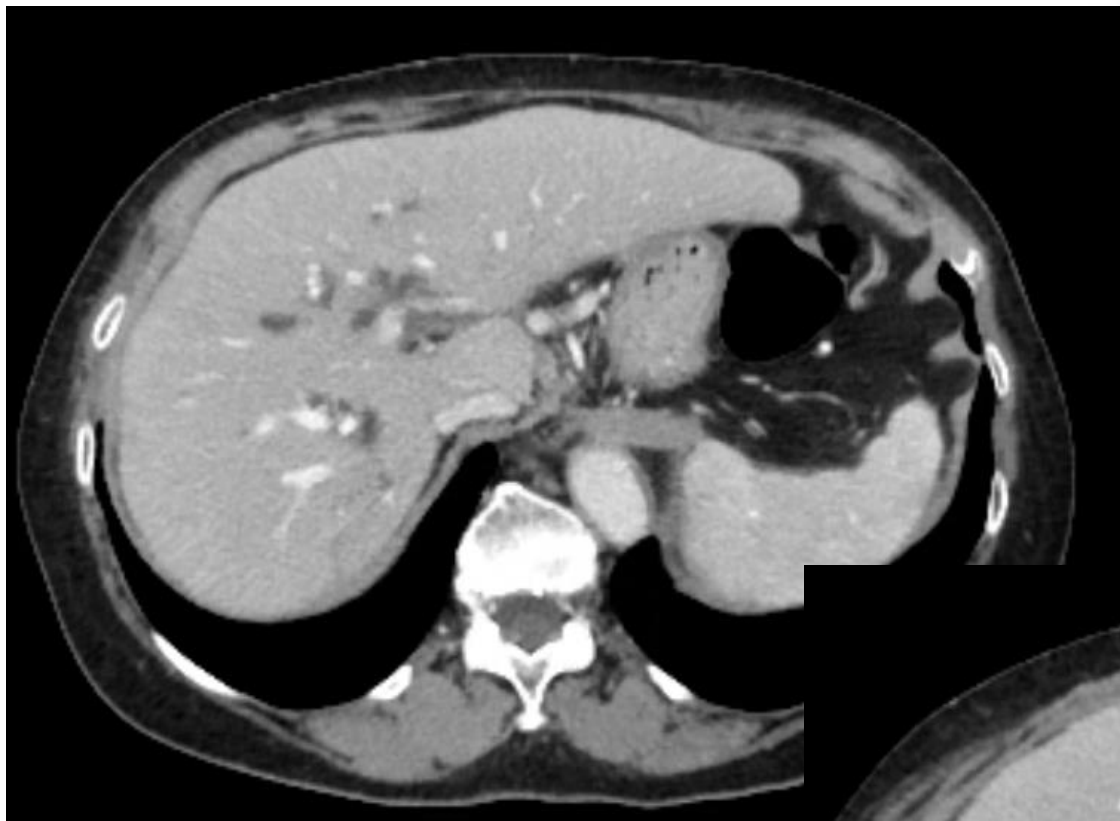
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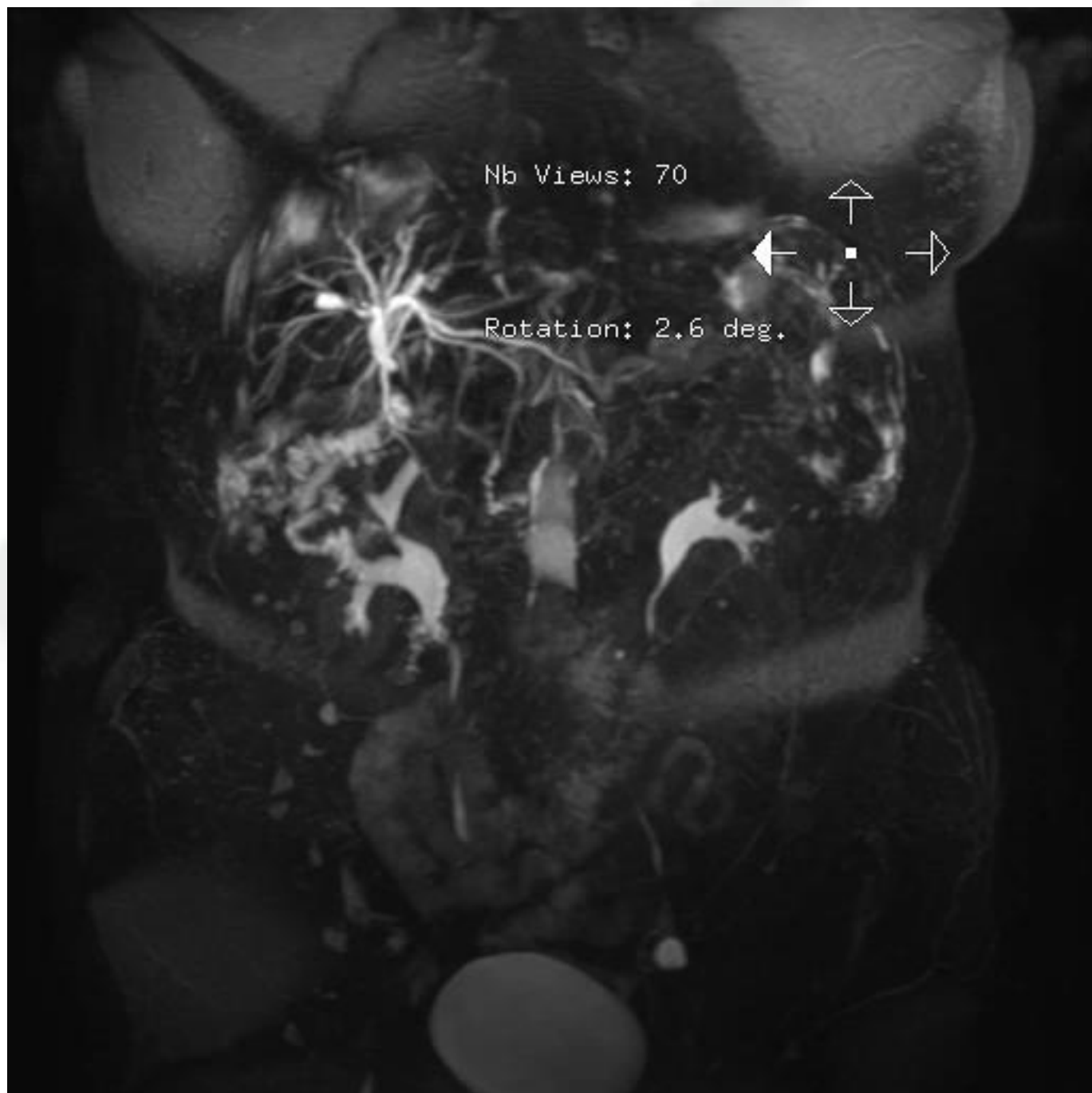
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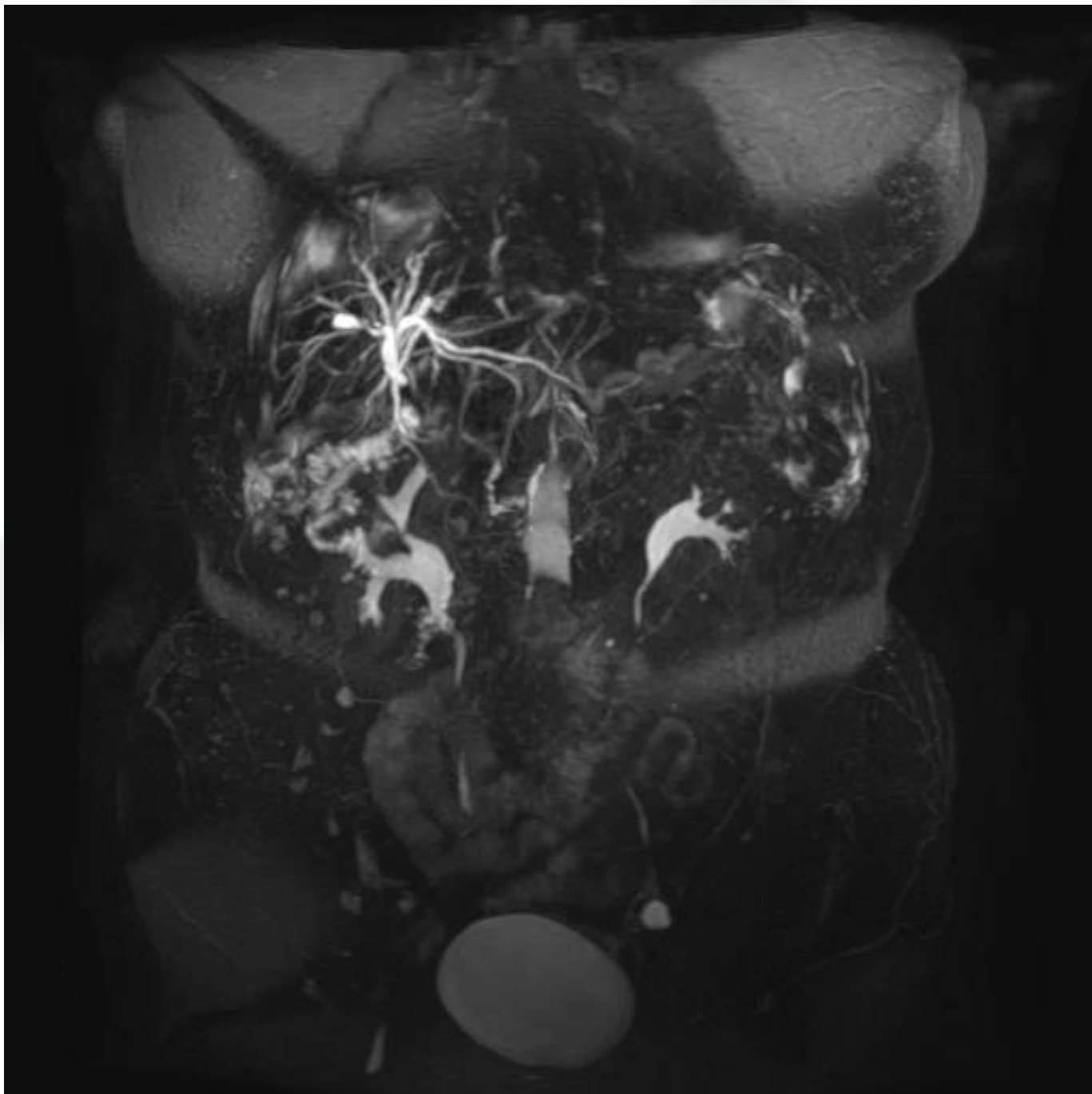
Interventional Radiology
Rozzano, Milano (Italy)

Anamnesi

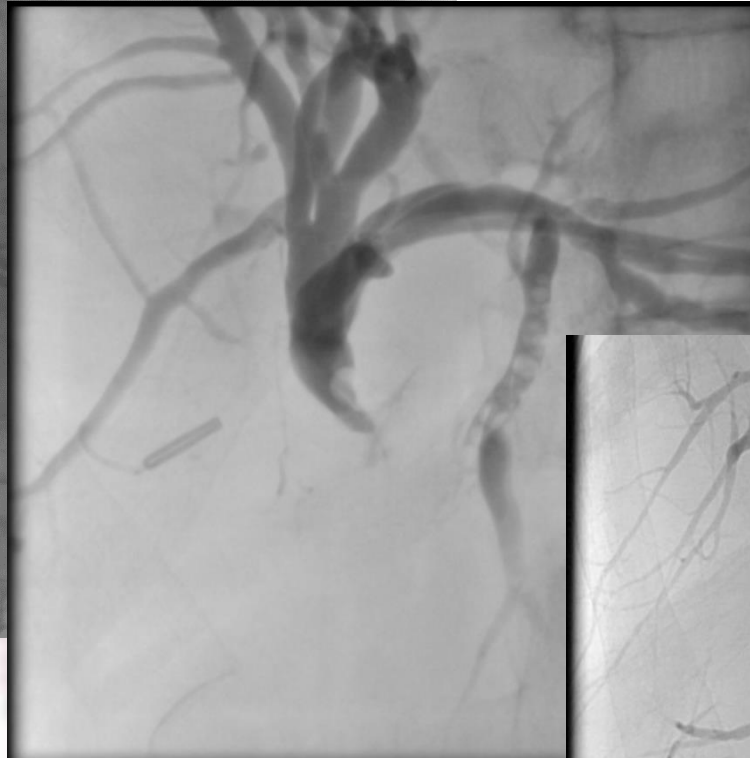
- Pz donna, 81 anni
- 2016: riscontro casuale di lesione pancreatica
➡ intervento di DCP
- Diagnosi: adenocarcinoma infiltrante della testa del pancreas pT3N1R0
- Giunge in Pronto Soccorso per malessere ed urine ipercromiche; aumento degli indici di colestasi (bilirubina = 8 mg/dL)







PTC



biopsia >
tessuto fibroso

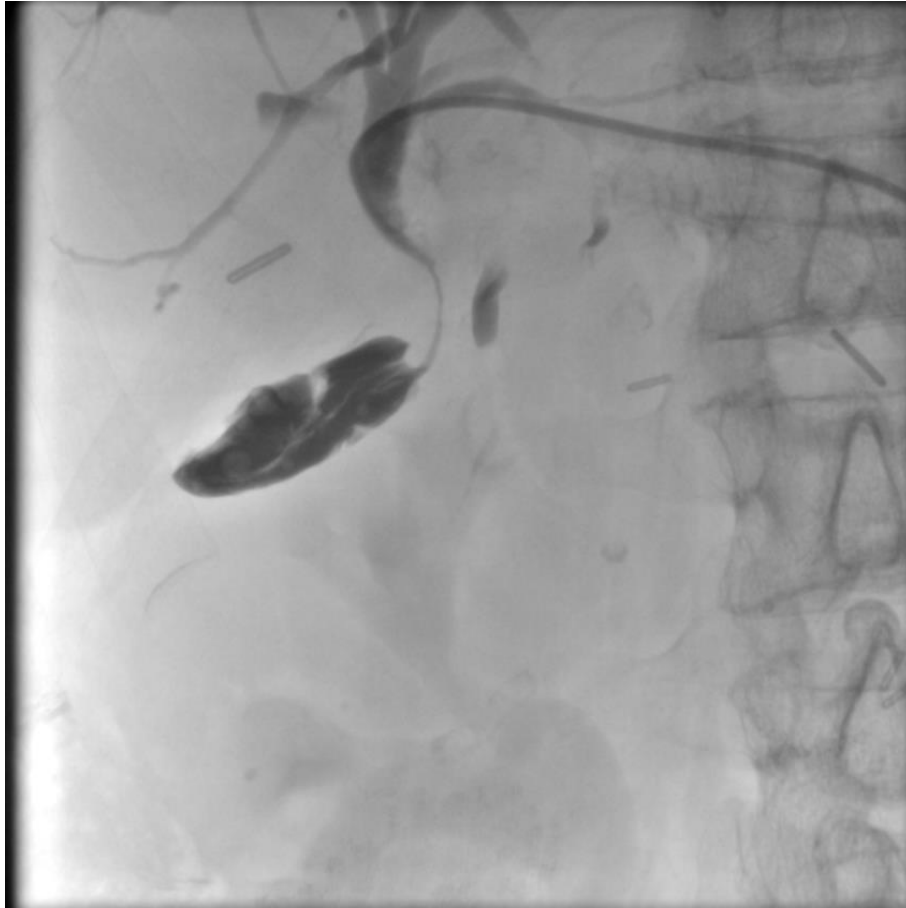


Posizionato drenaggio
esterno sinistro da 8Fr



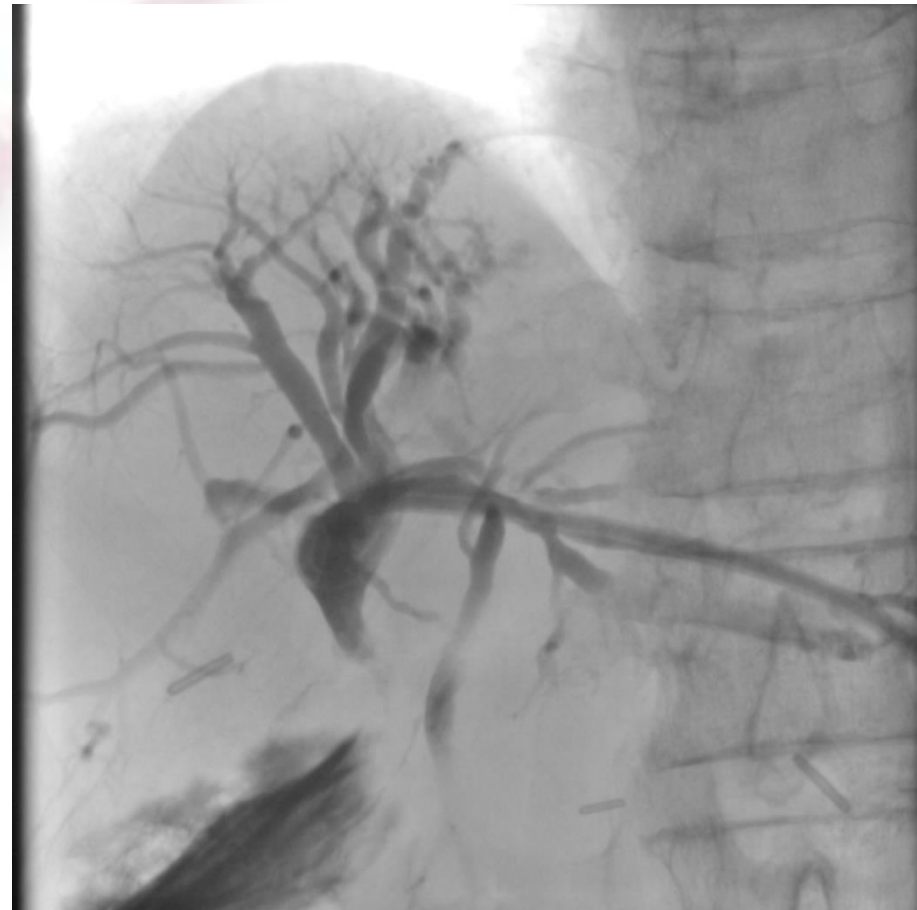
COSA FARE?

Ulteriore PTC

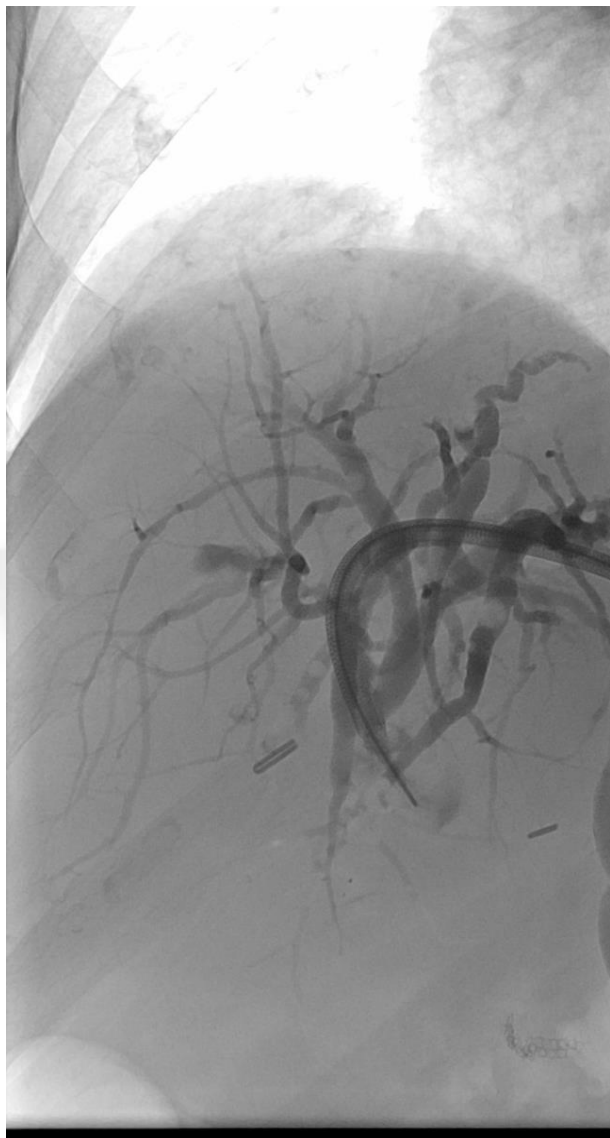


Falsa strada
para-anastomotica

Numerosi tentativi di
valicare l'ostruzione



Controllo

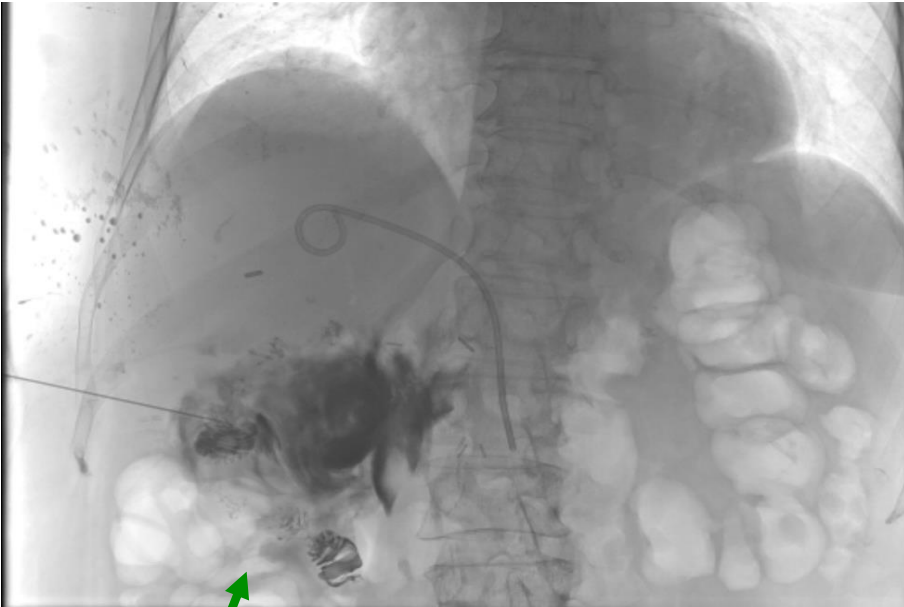


Stravaso di mdc in sede para-anastomotica

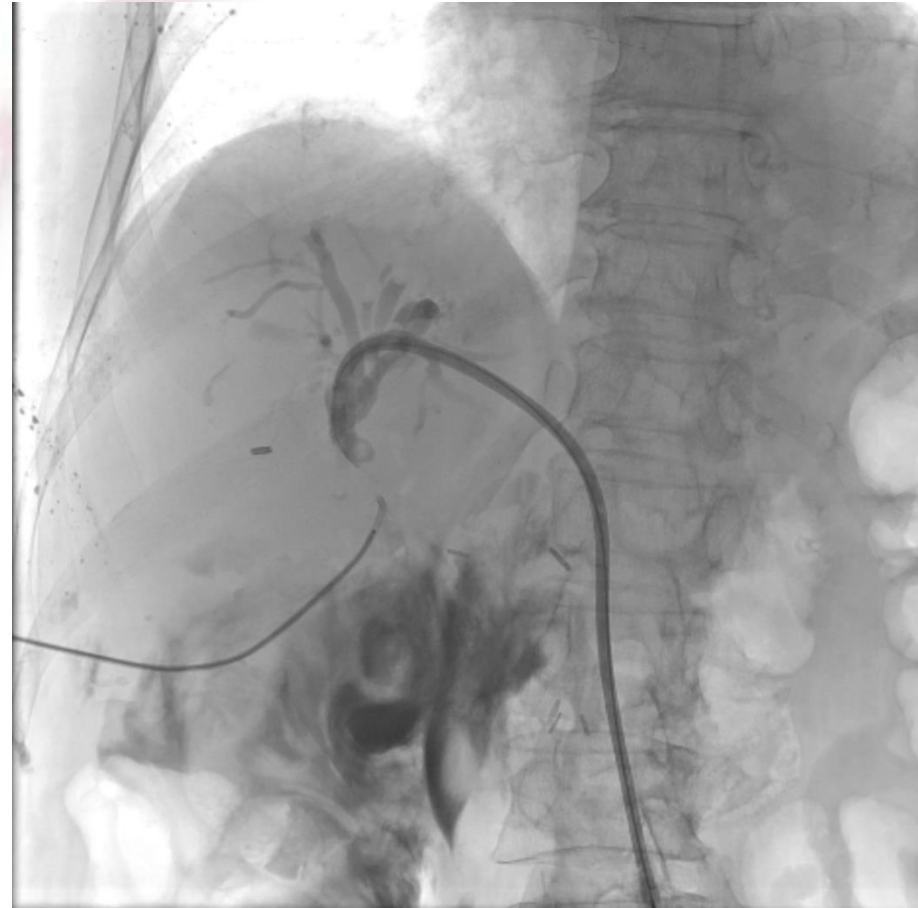


ALTRE IDEE?

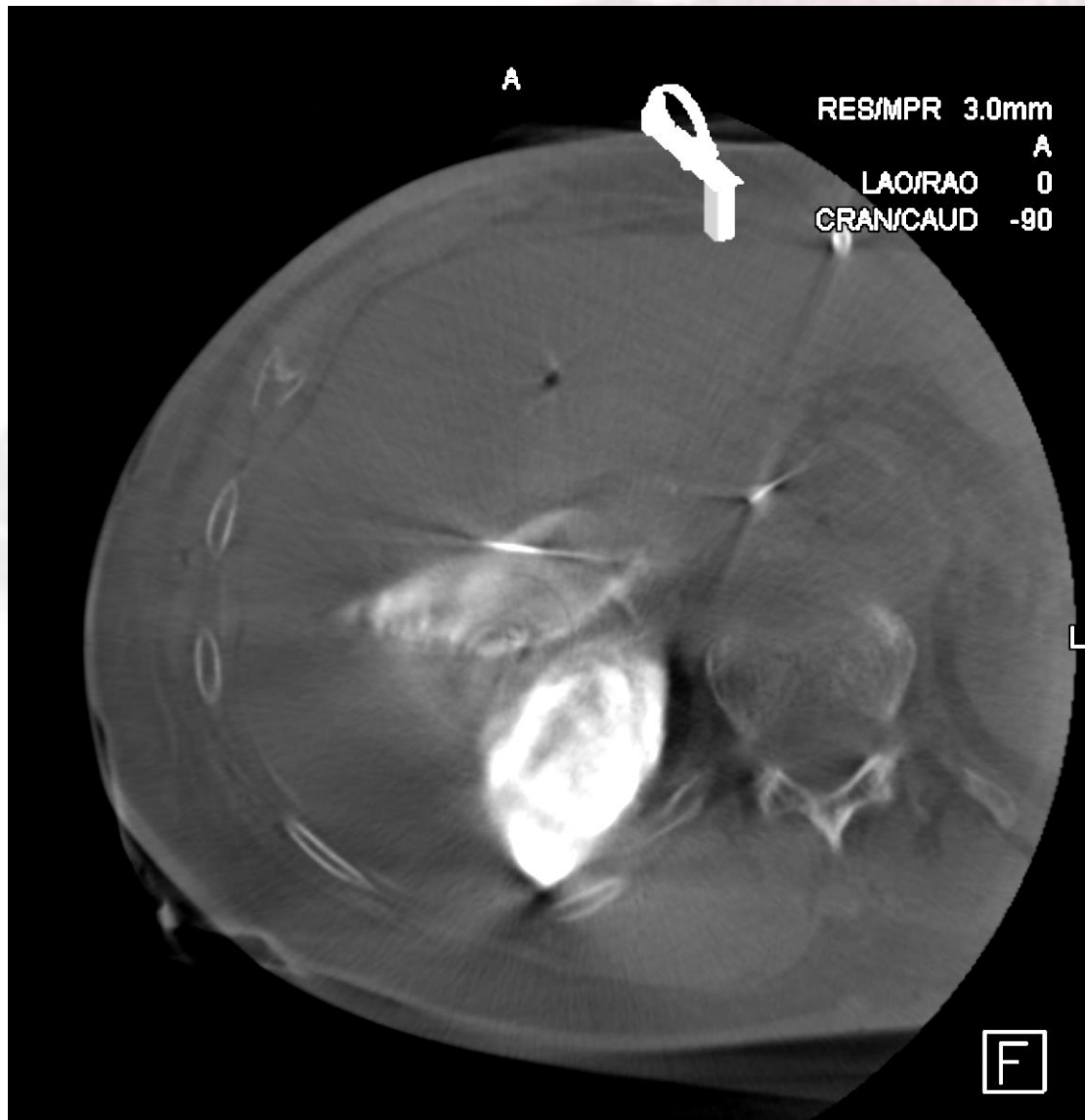
Rendez-vous radiologico



Puntura ecoguidata
dell'ansa digiunale non fissata
dell'anastomosi bilio-digestiva



DynaCT



Rendez-vous radiologico

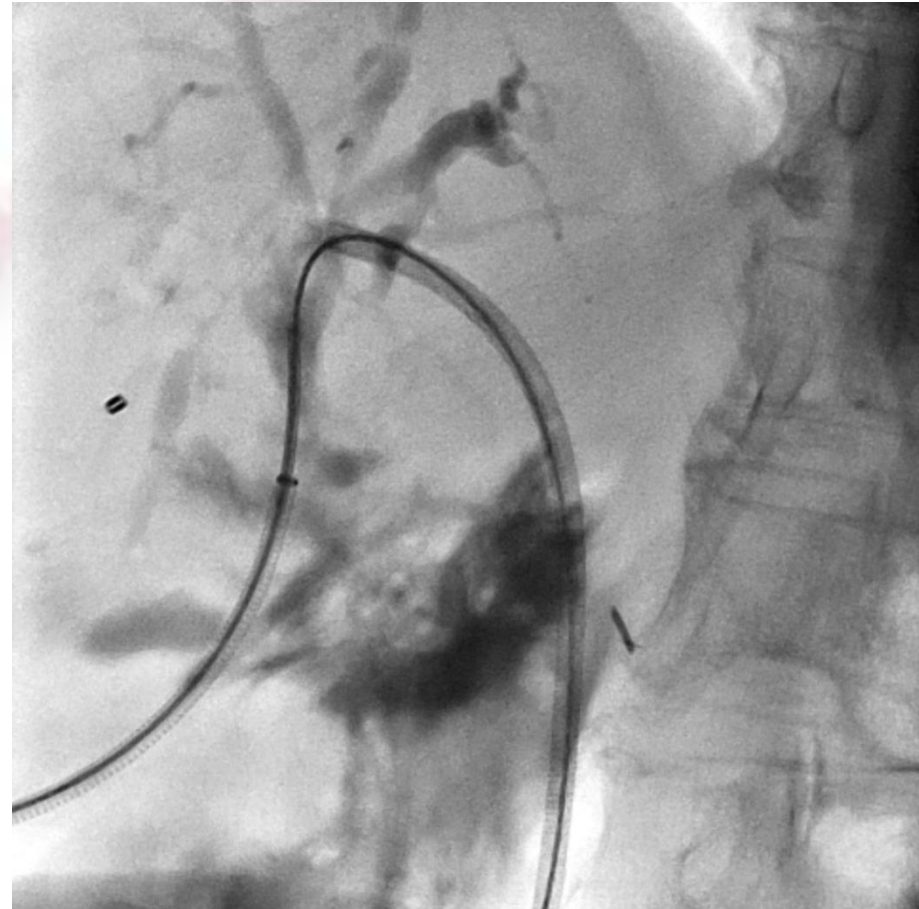
Si guadagna la via biliare



Avanzamento del catetere
con guida metallica fino
all'anastomosi bilio-digestiva



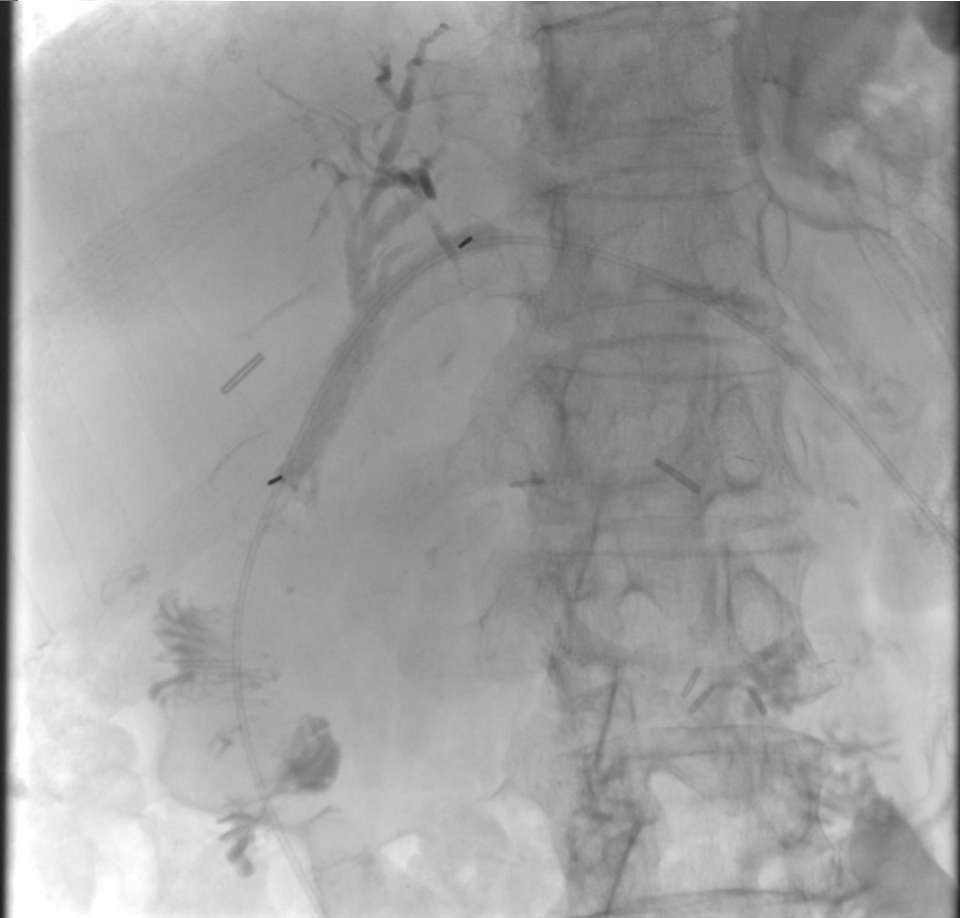
Rendez-vous radiologico



Si aggancia la guida
e si crea il tramite bilio-digestivo

Avanzamento drenaggio e controllo finale





Letture consigliate

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ORIGINAL ARTICLE

Two decades of percutaneous transjejunal biliary intervention for benign biliary disease: a review of the intervention nature and complications

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Abstract

Objective To assess outcomes of percutaneous transjejunal biliary intervention (PTJBI) in terms of success and effectiveness in patients with a Roux-en-Y hepaticojejunostomy for benign biliary strictures and stones.

Methods Clinical and radiographic records of 63 patients with a Roux-en-Y choledochojejunostomy or hepaticojejunostomy for benign disease who underwent at least one PTJBI between 1986 and 2007 were reviewed. Effectiveness was determined by successful access rate, rates of

stricture dilatation and/or stone extraction, morbidity, complications and hospitalisation.

Results PTJBI was attempted 494 times. Successful access to the Roux-en-Y was accomplished in 93% of interventions. After access to the Roux-en-Y was granted, all strictures were effectively dilated. Ninety-seven percent of extraction attempts of intrahepatic calculi were successful. The median number of interventions per patient was five. The median interval between interventions was 51.5 weeks (range 2.7–1,279.6 weeks). The early complication rate was 3%. Morbidity, measured in terms of cholangitis episodes was 14%, in 25 out of 63 patients. Mean hospitalisation was 4.1 nights per year.

Conclusion PTJBI is safe and effective in treating benign biliary strictures and/or calculi. High success rates and short hospitalisation periods, together with few complications make it a well-accepted and integral part of managing

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