

s-a finisat cu aplicarea anastomozei hepaticojejunale pe ansa Roux cu stent biliar (1 bolnav), drenarea coledocului tip Kehr (3), drenarea coledocului tip Halsted (1). Toti pacientii in perioada postoperatorie precoce au fost examinati prin fistulocolangiografie pentru controlul permeabilitatii cailor biliare. Concluzii: SM este o complicatie rara a litiazei veziculare, responsabil de icter si colangita, diferentierea preoperatorie cu cancerul biliar fiind dificila. Rezolvarea chirurgicala a SM depinde de forma morfolopatologica conform clasificarii Csendes.

MIRIZZI SYNDROME – DIAGNOSIS AND TREATMENT

Introduction: Mirizzi syndrome (MS) is a rare complication of longstanding gallbladder stone disease, with an incidence of 0.7-1.4% from all cholecystectomies. SM was originally described as a gallstones impacted in the neck of the gallbladder or cystic duct, which can obstruct the common bile duct (CBD) by extrinsic compression causing obstructive jaundice. According to Csendes classification the following types of MS are distinguished: type I, when the CBD is compressed by a gallstone impacted in cystic duct, without biliary fistula, type II-IV with the bilio-biliary fistula with different degree of destruction of the common hepatic duct wall. Materials and methods: We report 5 patients with MS, treated during the period of 2006-2011: 1 patient with type I MS, 2 patients with type II, and 2 patients with type IV. Only in two patients the MS was suspected prior surgery using endoscopic retrograde cholecystopancreatography, in another three cases the diagnosis was established intraoperatively. Mechanical jaundice in all patients was accompanied by purulent colangitis. Results: The aim of surgery included cholecystectomy, abolition of cholecysto-choledochal fistula, and elimination of obstructive jaundice. Procedure was completed by Roux-en-Y hepaticojejunostomy with biliary stent placement (1patient), suture closure over a T-tube (3), and Halsted tube (1). In the early postoperative period all patients underwent cholangiography in order to control the permeability of the biliary ducts. Conclusions: MS is a rare complication of the gallbladder calculous disease which is responsible for obstructive jaundice and colangitis, the preoperative differentiation with biliary cancer is difficult. The surgical procedure for MS depends on its morphological form according to Csendes classification.

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DUPLICATIA SI FALSA DUPLICATIE A AXULUI BILIAR PRINCIPAL. IMPLICATII DIAGNOSTICE SI TERAPEUTICE

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Autorii prezinta doua cazuri de duplicatie a caii biliare principale, prin convergenta foarte joasa a canalelor hepatice. Unul dintre cazuri a reprezentat o duplicatie reala, incontestabila. Cel de-al doilea caz a fost interpretat initial ca o duplicatie pe baza examenelor colangiografice intraoperatorii si a colangiografiei endoscopice, interpretari care s-au dovedit eronate. Datele lamuritoare au fost oferite de reconstruciile colangio-RMN 3-D, in postoperator - falsa duplicatie in cazul unui alt tip de anomalie. Se desprinde ideea informatiei insuficiente oferite de explorarile imagistice colangiografice, cat si a colangioRMN standard, singura informatie de certitudine fiind oferita de reconstruciile colangioRMN 3D. Apare astfel evidenta necesitatea solicitarii de catre chirurg a imagisticii reconstructive 3D ori de cate ori este evocata o anomalie in aria cailor biliare extrahepatice. In acest mod s-ar afla mai rapid situatia anatomica reala si s-ar evita o serie de erori diagnostice sau chiar gesturi terapeutice neadecvate.

THE DUPLICATION AND FALSE DUPLICATION OF MAIN BILE AXIS. DIAGNOSTIC AND THERAPEUTICAL IMPLICATIONS

The authors present two cases of common bile duct duplications by way of very low convergence of hepatic ducts. One of these cases represented a real, unquestionable duplication. The latter has been initially interpreted as a duplication on the basis of cholangiographic intraoperative examinations and of endoscopic cholangiography, interpretations that proved to be erroneous. Clarifying data have been provided by cholangio- MRI reconstructions, after the operation- the false duplication as a part of another type of anomaly. In this way, the idea of insufficient information provided by cholangiographic imagistic explorations, but also by standard cholangio-NMR emerges, the only information of certitude being offered by 3D cholangio-MRI reconstructions. Therefore the necessity for surgeon requesting 3D reconstructive imagistics to be performed each time an anomaly in the field of extrahepatic bile ducts is evidenced here. In this way, the real anatomic situation would be discovered faster and a series of diagnostic errors and inadequate therapeutical gestures would be avoided.
