

## SURGICAL TECHNIQUE IN THE TREATMENT OF MIRIZZI SYNDROME

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**Introduction:** Mirizzi syndrome (SM) is a severe complication of gallstones, characterized by jaundice due to compression of the common liver canal. Most cases are not identified preoperatively, despite advances in imaging techniques, and surgical management is controversial.

**Objective of the study:** Optimizing surgical treatment for Mirizzi syndrome.

**Material and methods:** During the years 2000-2020, 52 patients with SM were treated in the clinic. In 10(19.23%) cases the diagnosis was established preoperatively, in the others it was accidentally assessed intraoperatively 42(80.77%). The diagnostic algorithm included: sonographic examination, cholangioRMN and CT.

**Results:** Surgical treatment included: removal of the cholecystocolodocian fistula and choledocholithotomy. Thus, in 24(46.15%) cases, where the choledochal parietal defect was less than 1/3 of its diameter, we finished the intervention with a Kehr-type drainage of CBP. Of them in 4(7.69%) cases we solved laparoscopically. For 18(34.62%) cases, in which the choledochal defect was 2/3 in diameter, we solved the situation by CBP plasty with vascularized flap from the gallbladder and a possible drainage of CBP after Robson. In 10(19.23%) patients gallbladder and CBP formed a common cavity with gallstones, was performed choledocholithotomy and hepaticojejunoanastomosis on the Roux loop.

**Conclusions:** Mirizzi syndrome is one of the most unfavorable evolutions of calculous cholecystitis, which requires a complex diagnostic program and a strictly individual surgical attitude.

**Keywords:** Mirizzi syndrome, laparoscopic, treatment.

### Sindrom Mirizzi tip Vb

