

CONFERINȚA ȘTIINȚIFICĂ ANUALĂ CERCETAREA ÎN BIOMEDICINĂ ȘI SĂNĂTATE: CALITATE, EXCELENȚĂ ȘI PERFORMANȚĂ



ERCP OR MRI COLANGIOGRAPHY IN THE DIAGNOSIS OF COLESTATIC JAUNDICE IN ACUTE BILIARY PANCREATITIS Liuba Strelţov

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Results

Introduction

Imaging methods and interventional radiology implemented in practice have ushered in a new era in the diagnosis and treatment of mechanical jaundice syndrome. However, controversial opinions remain in the case of the association of jaundice and acute pancreatitis.

Keywords

cholestatic jaundice, biliary pancreatitis, ERCP, MRI cholangiography

Purpose

Evaluation of the efficacy of ERCP and MRI cholangiography in the diagnosis of cholestatic jaundice in acute biliary pancreatitis

Material and methods

The results show the evaluation of bile duct permeability in 63 cases of cholestatic jaundice highlighted in acute biliary pancreatitis. The study was divided into two groups. ERCP was used in 28 cases in group I, and MRI cholangiography performed in 35 cases in group II.

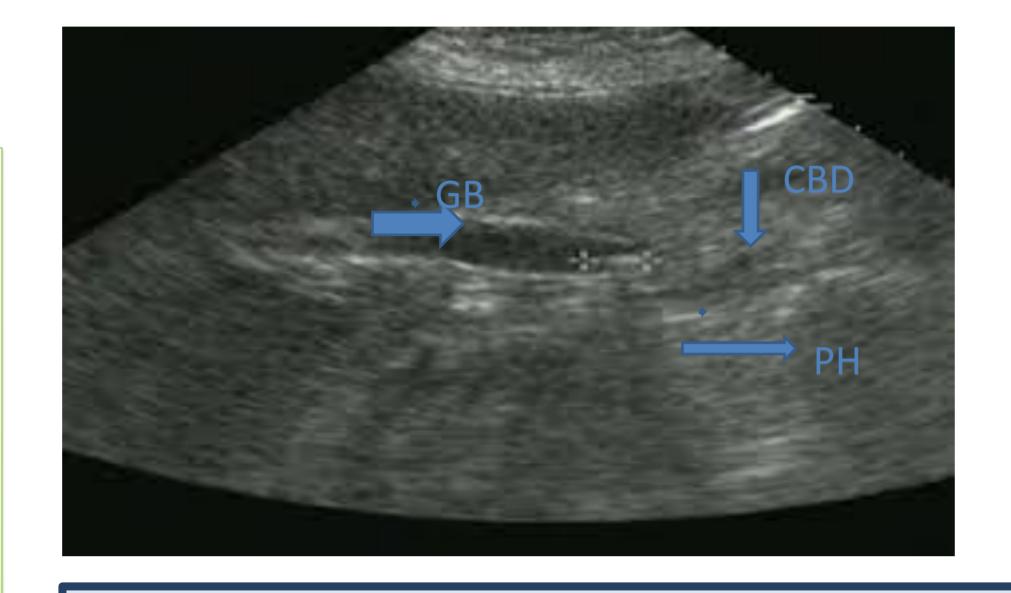


Fig. 1 USG in the diagnosis of acute biliary pancreatitis associated with jaundice

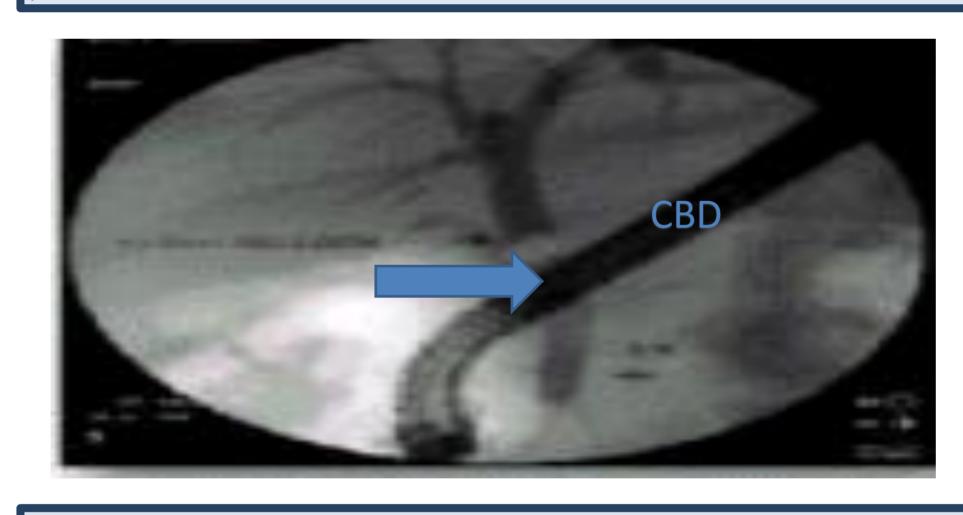


Fig. 2 ERCP in the diagnosis of acute biliary pancreatitis associated with jaundice

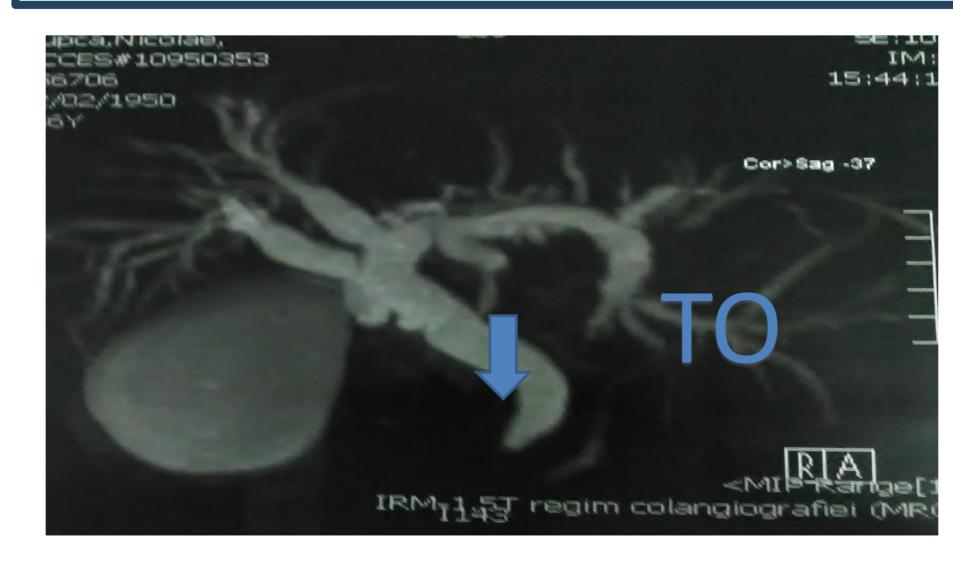


Fig.3 MRI COLANGIOGRAPHY in the diagnosis of acute biliary pancreatitis associated with jaundice

The choledochal lithiasis present was detected in 15 patients in group I and 19 in group II, in another 13 cases in group I and 16-group II the absence of choledocholithiasis in the biliary tract slightly dilated. Decreased clinical manifestations and serum amylase values in group I Xn ± ES = 5.38 ± 0.34 days, and in group II Xn \pm ES = $4.89 \pm$ 0.39 days. The statistical difference is significant t = 0.94 p> 0.05. Complications in group I -2 cases of acutisation of acute pancreatitis, in group II absent.

Conclusions

The absence of gallstones in 43.06% of cases in examinations confirms the maintenance of cholestasis by inflammatiom component remaining to the migration of the stone. The potential for lithiasis detection is equivalent, but in the case of elevated enzymes. preference in the diagnostic stage should be given to MRI.