

10. BILIO-PANCREATIC TRANSPAPILLARY ENDOSCOPIC INTERVENTIONS IN PREGNANCY

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Introduction. Bilio-pancreatic transpapillary endoscopic interventions are elective for the management of pregnant patients with clinical and paraclinical data of bile duct obstruction. Choledocholithiasis in pregnancy, as a rare complication is being rarely reported - 1 case for 1200 births.

Aim of study. Demonstrate the safety of bilio-pancreatic transpapillary endoscopic interventions in pregnancy and highlighting the possibility to use radioscopy. Presenting clinical experience in the management of choledocholithiasis in pregnancy. Evaluation of the application of endoscopic retrograde endoscopic retrograde cholangiopancreatography – (ERCP) in pregnancy.

Methods and materials. Retrospective-prospective study with evaluation of six pregnant women who underwent ERCP. Evaluation of the results of preoperative investigations and post-procedural results. In all patients, the pelvis was protected with lead shielding, and the fetus was monitored by a gynecologist-obstetrician.

Results. The mean age of the patients was 29 years (24-34 years). The average gestation term was 15.6 weeks (6-22 weeks). In 5 cases (83.3%) ERCP was done and only one non-radiant technique applied. The findings of transpapillary endoscopic interventions were stones in the common bile duct (n = 3), Oddi sphincter stenosis (n = 3). All patients underwent endoscopic sphincterotomy and in one case biliary stenting was performed (plastic prosthesis-8.5 FR). In 2 cases (33.3%) a repeated procedure was needed. In one case it was necessary to replace the stent, due to the afunctionality (4 months) and the impossibility of resolving choledocholithiasis, due to the large stones. Subsequently, after delivery, the patient underwent open surgery with choledochotomy and choledocholithectomy. In only one case the patient developed post-ERCP pancreatitis. In one case the patient underwent laparoscopic cholecystectomy during pregnancy. Average hospital stay - 5.1 days. All infants born to date had Apgar scores > 8, and ongoing pregnancies are uneventful.

Conclusion. Endoscopic retrograde interventions on biliary and pancreatic ducts in pregnancy, regardless of the chosen technique: radiant (ERCP) or non-radiant are safe and methods of choice for approaching pregnant patients who require decompression of the bile and pancreatic tract. Post-procedural complications have been demonstrated independent of the type of procedure, however, it should be limited to therapeutic indications with additional intra-procedural safety measures.