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PARTICULARS OF DIAGNOSIS AND SURGICAL TREATMENT OF PATIENTS WITH MIRZZI SYNDROME.

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Introduction Mirizzi syndrome (MS) is a late and rare complication in the evolution of gallstones, morphologically translated by compression of the hepato-choledochus with stricture formation at this level or cholecysto-biliary fistula.

Purpose Evaluation of the particularities of diagnosis and surgical treatment of patients with Mirizzi Syndrome.

Material and methods The study group included 71 patients with MS treated in the clinic during the years 2000-2021. The age range between 24 and 91 years, the distribution by gender being: 57 (80.3%) women and 14 (19.7%) men. Instrumental diagnosis used: USG performed in all cases, ERCP-68 (95.7%) cases, MRCP-17 (23.9%) cases, CT with contrast-12 (16.9%) cases.

Results The treatment was exclusively surgical, adapted to the type of MS. Type I-16 (22.5%) cases with attestation of a gallbladder-choledochal confluence, without fistula formation, cholecystectomy was performed. Type II-27 (38%) cases, the choledoc (CBP) parietal defect was less than 1/3 of its diameter, the interventions ended with the plasty of the CBP defect on the Kehr drainage. Type III-18 (25.3%) cases, CBP defect was 2/3 of the diameter, CBP plasty was performed with vascularized flap from the gallbladder, CBP drainage type Robson. Type IV-10 (19.23%) cases, the parietal defect was over 67% of the CBP diameter, choledocholithotomy was performed with hepaticojejunoanastomosis on the Roux loop.

Conclusions Prevalence of type II SM. The anatomical variety of SM requires the application of sophisticated imaging methods, which allows increasing the rate of preoperative diagnosis. Surgical treatment includes a multitude of surgical techniques and will depend on the type of SM.

Keywords Mirizzi syndrome, diagnosis, treatment.

Mirrizi syndrome type IV

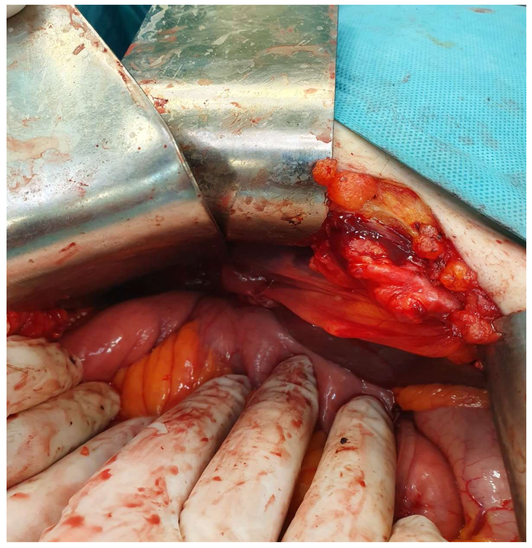

Fig.1 Scleroatrophic gallbladder

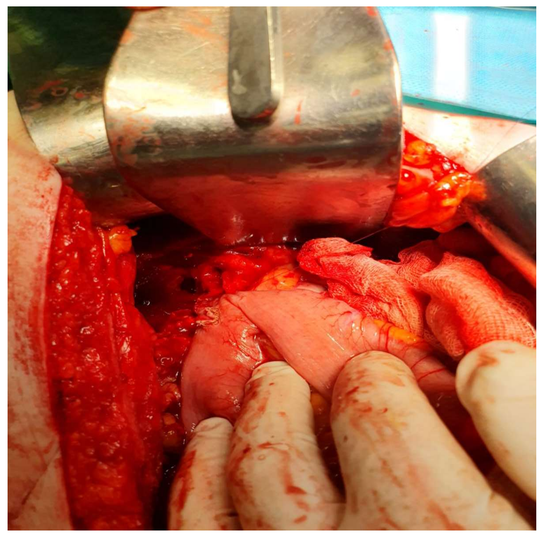

Fig.3 Hepaticojejunoanastomosis on the Roux loop

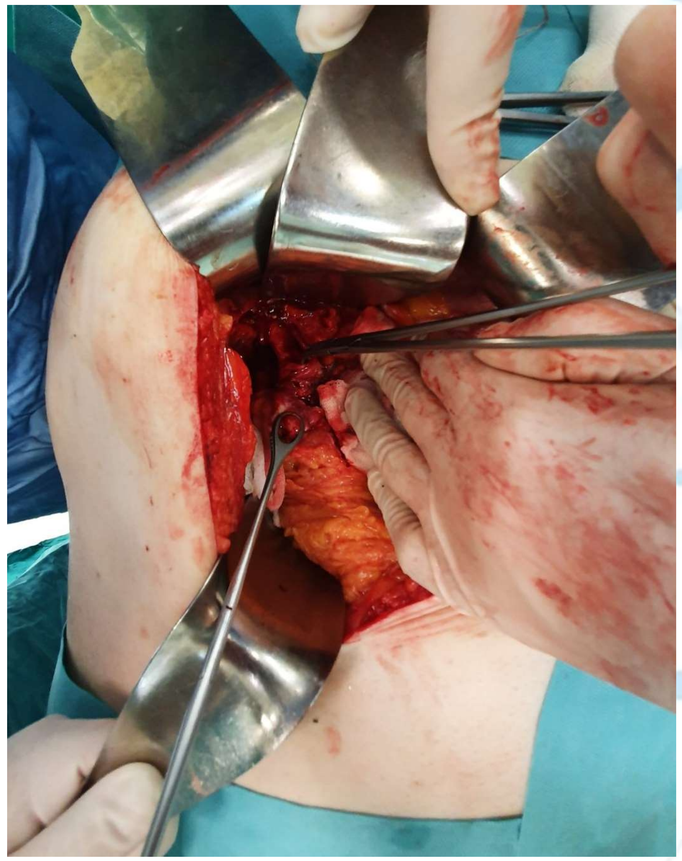

Fig.2 Choledoc-gallbladder fistula