ΔΙΟΡΓΑΝΩΣΗ
Ελληνική Εταιρεία Ήπατος Παγκρέατος Χοληφόρων
ΣΕ ΣΥΝΕΡΓΑΣΙΑ
Α' Χειρουργική Κλινική Ε.Κ.Π.Α. Γ.Ν. Αθηνών «Λαϊκό»
ΥΠΟ ΤΗΝ ΑΙΓΙΔΑ
Ιατρική Σχολή Ε.Κ.Π.Α.
Ελληνική Χειρουργική Εταιρεία

1ο Πανελλήνιο Συνέδριο της Ελληνικής Εταιρείας Ήπατος Παγκρέατος Χοληφόρων

3-5 Μαρτίου 2017
Ξενοδοχείο Crowne Plaza, Αθήνα

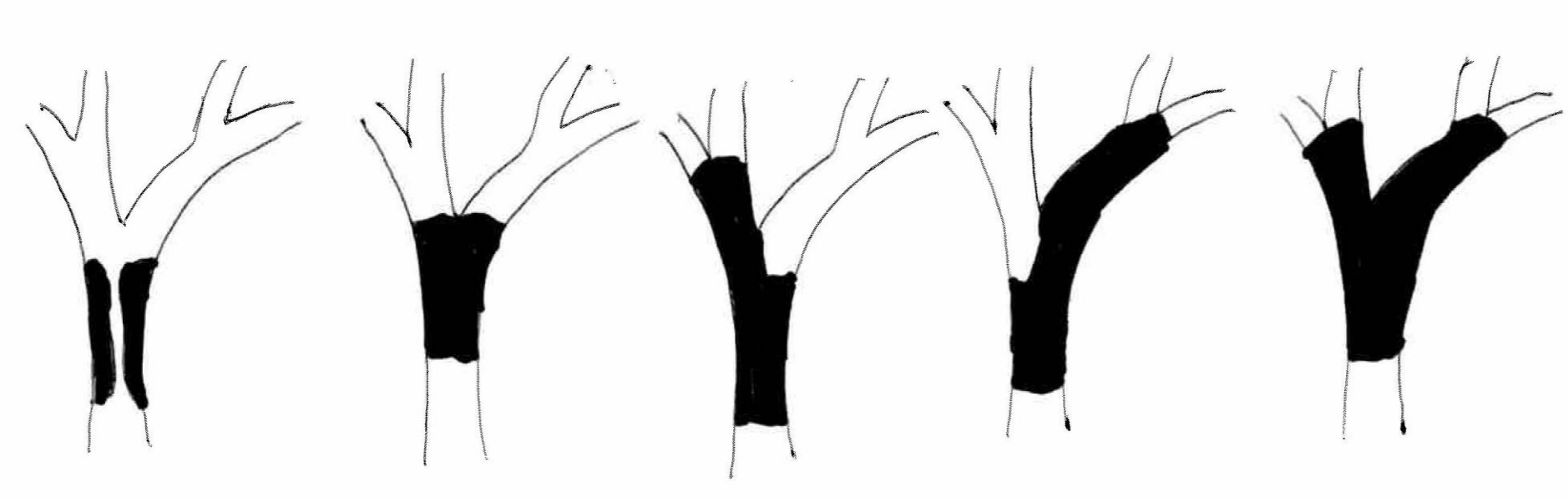
ERCP in HPB cancer

Γεράσιμος Στεφανίδης

Διευθυντής Γαστρεντερολογικής Κλινικής

Ναυτικό Νοσοκομείο Αθηνών

Modified Bismuth-Corlette Classification of Hilar Strictures

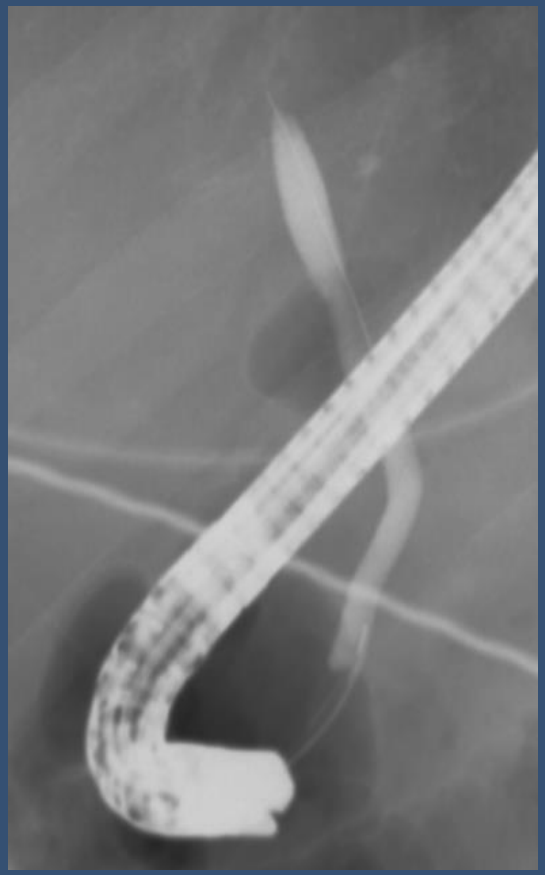


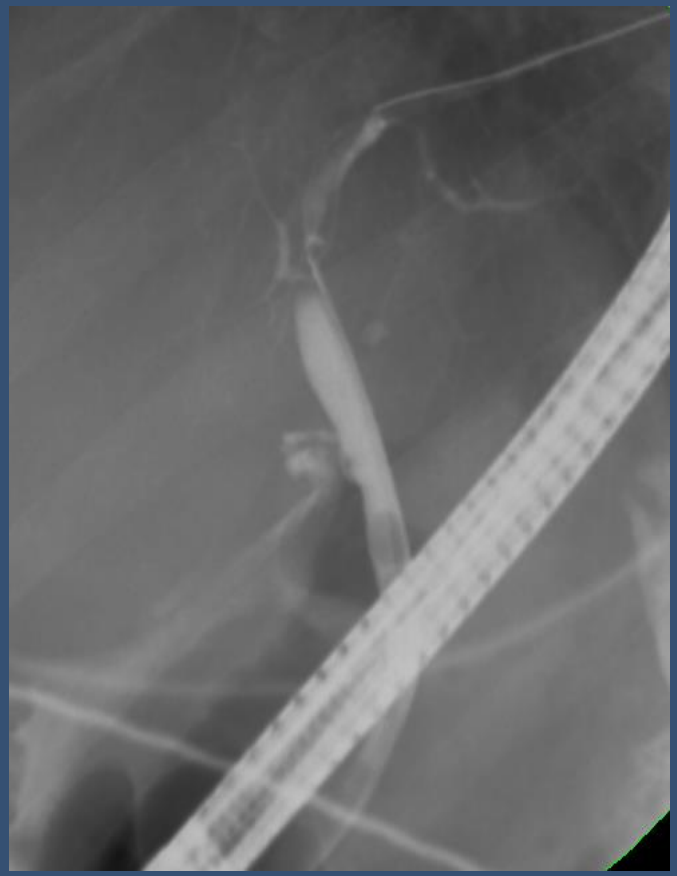
Type I | Type II | Type III a | Type III b | Type IV

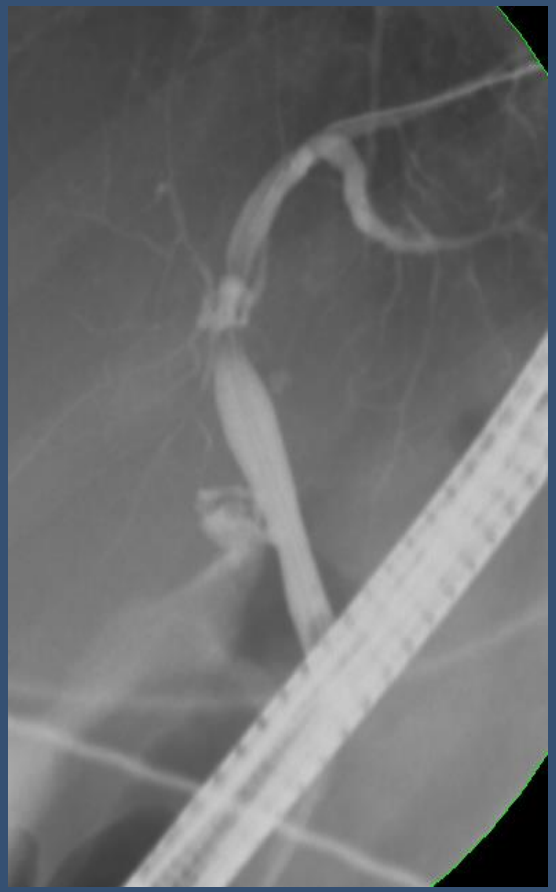
Hilar Strictures:

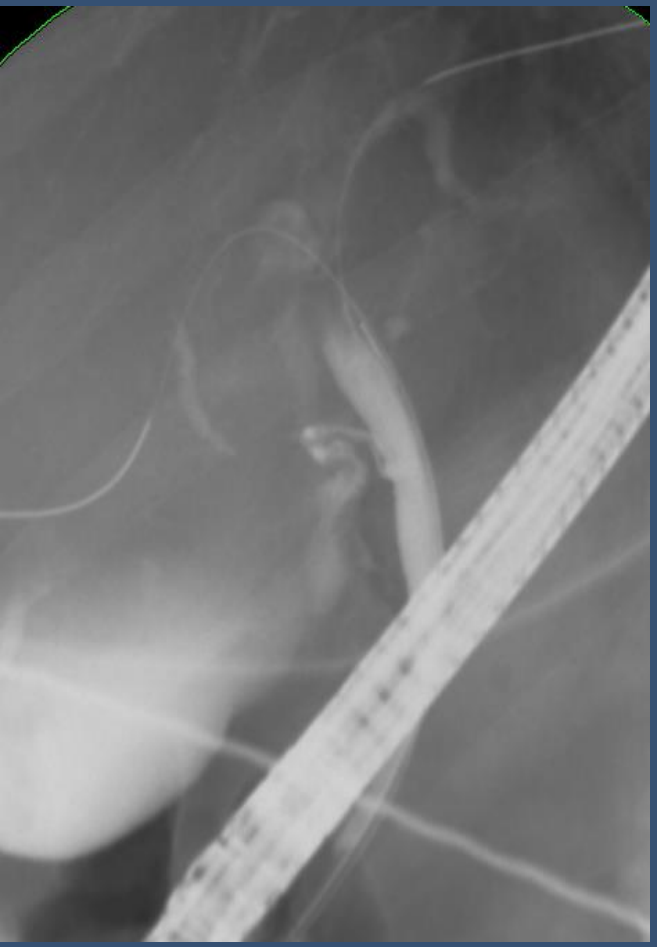
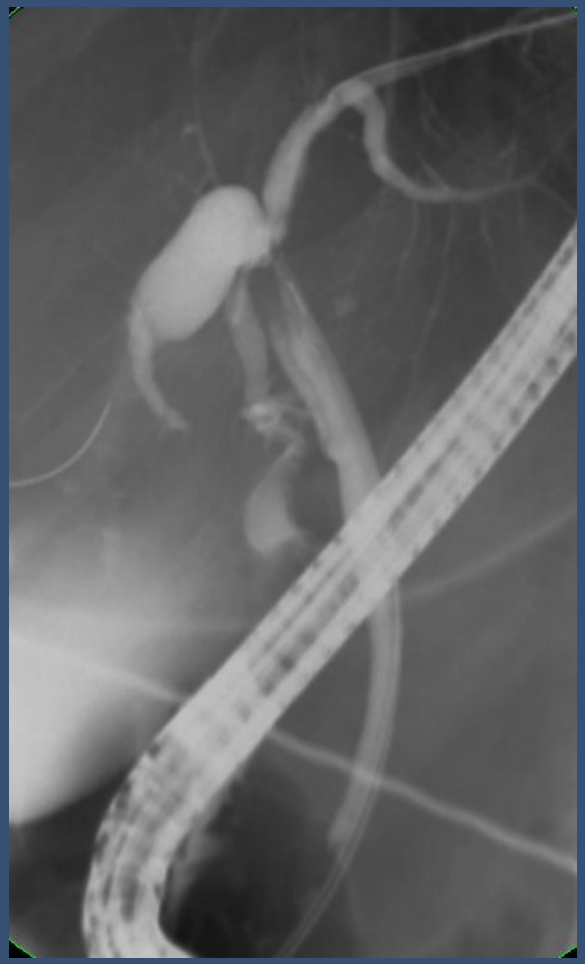
- Should the cholangiogram define the stricture bilaterally?
- Should one always place bilateral stents?
- Is stenting a single side OK?

Contrast injection after access is established

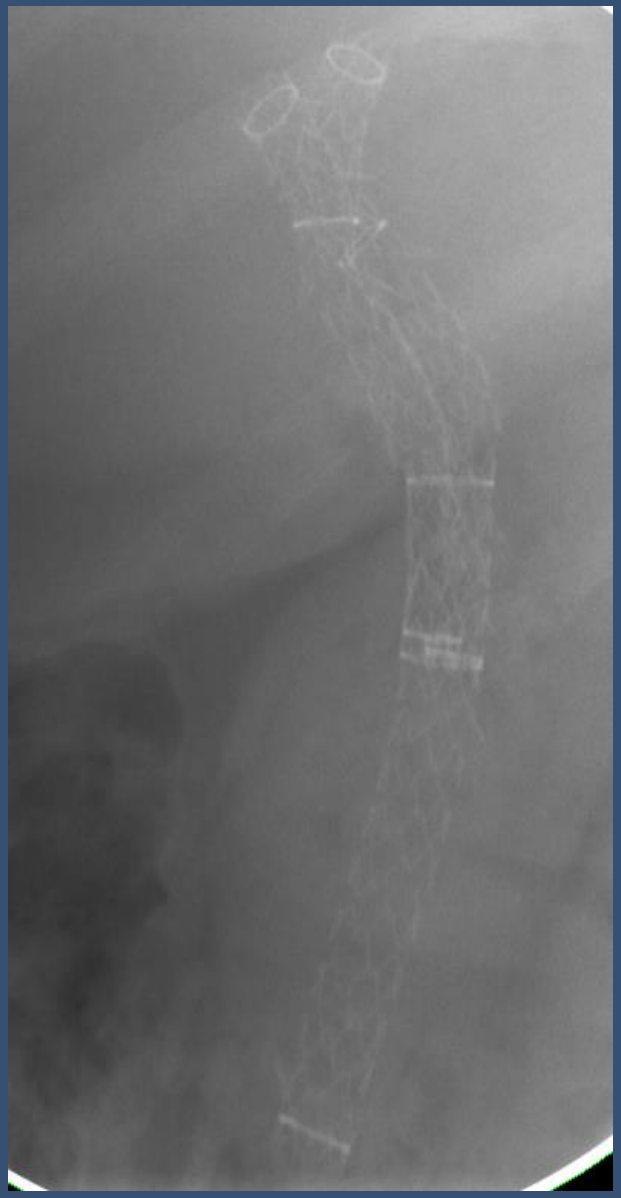







Bilateral stents for all hilar strictures?



Contrast Injection without drainage

Type II and III Hilar stricture patients

Group A: One side opacified, same side drained

Group B: Both sides opacified, both sides drained

Group C: Both sides opacified, one side drained

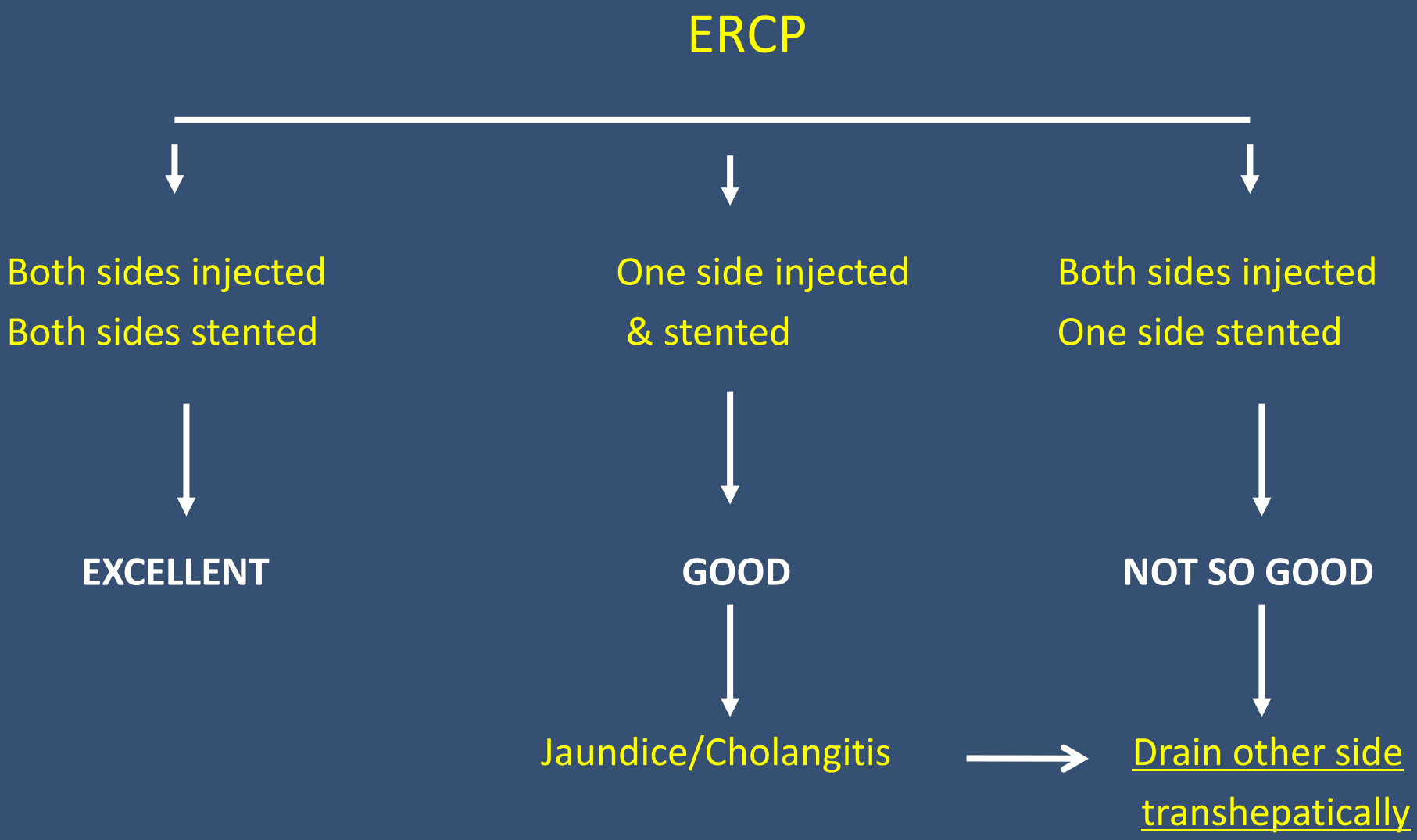
Group	n	Early Cholangitis	Survival
A	32	2	145
B	29	0	225
C	37	12*	46**

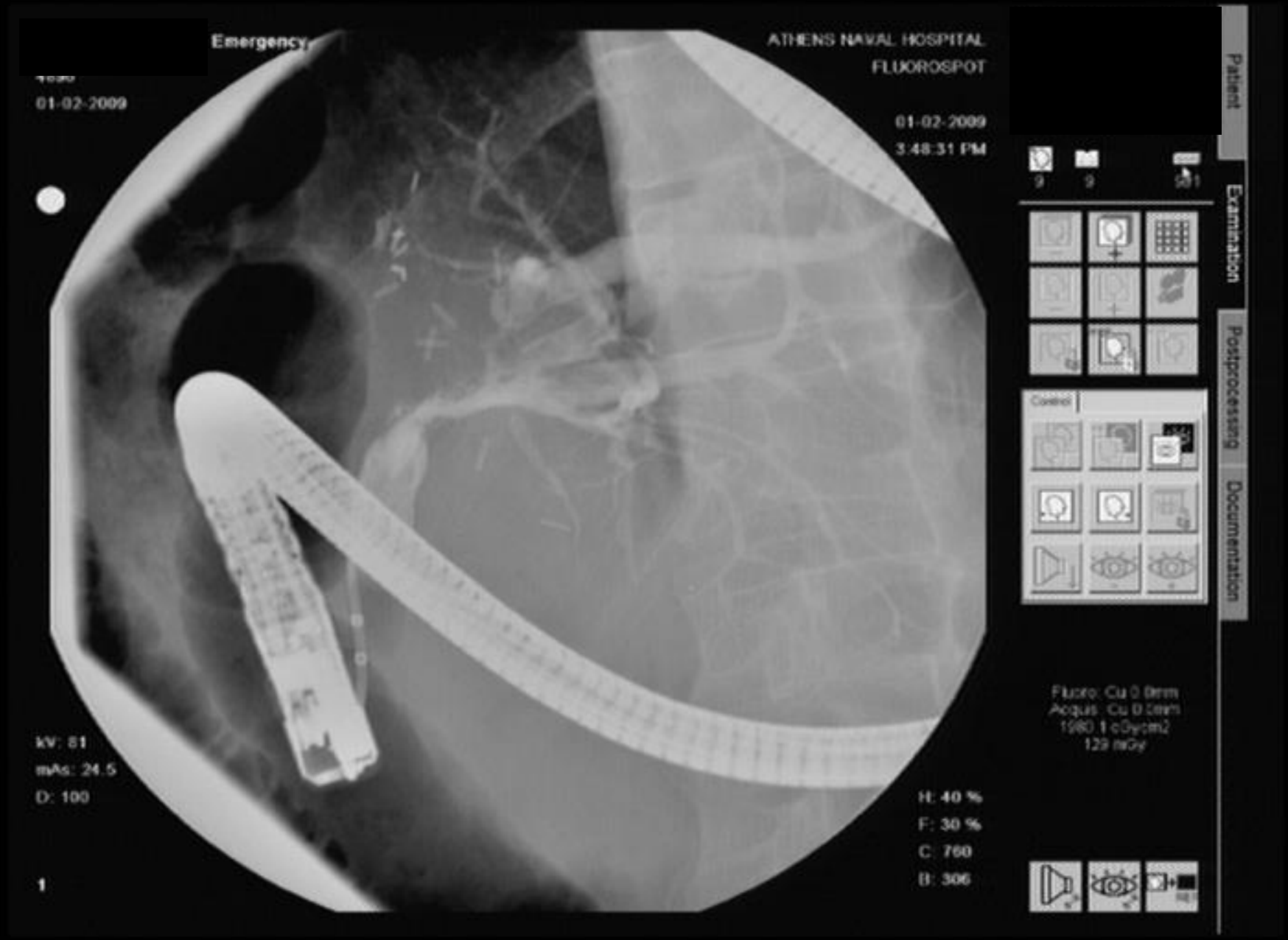
Chang et al 1998

	unilateral stent n=79	bilateral stent n=78	p
Successful insertion	89%	77%*	0.04
Early complications	19%	27%*	0.02
Cholangitis	9%	17%*	0.01
Late complications	40%	39%	NS
Median survival (d)	140	142	NS

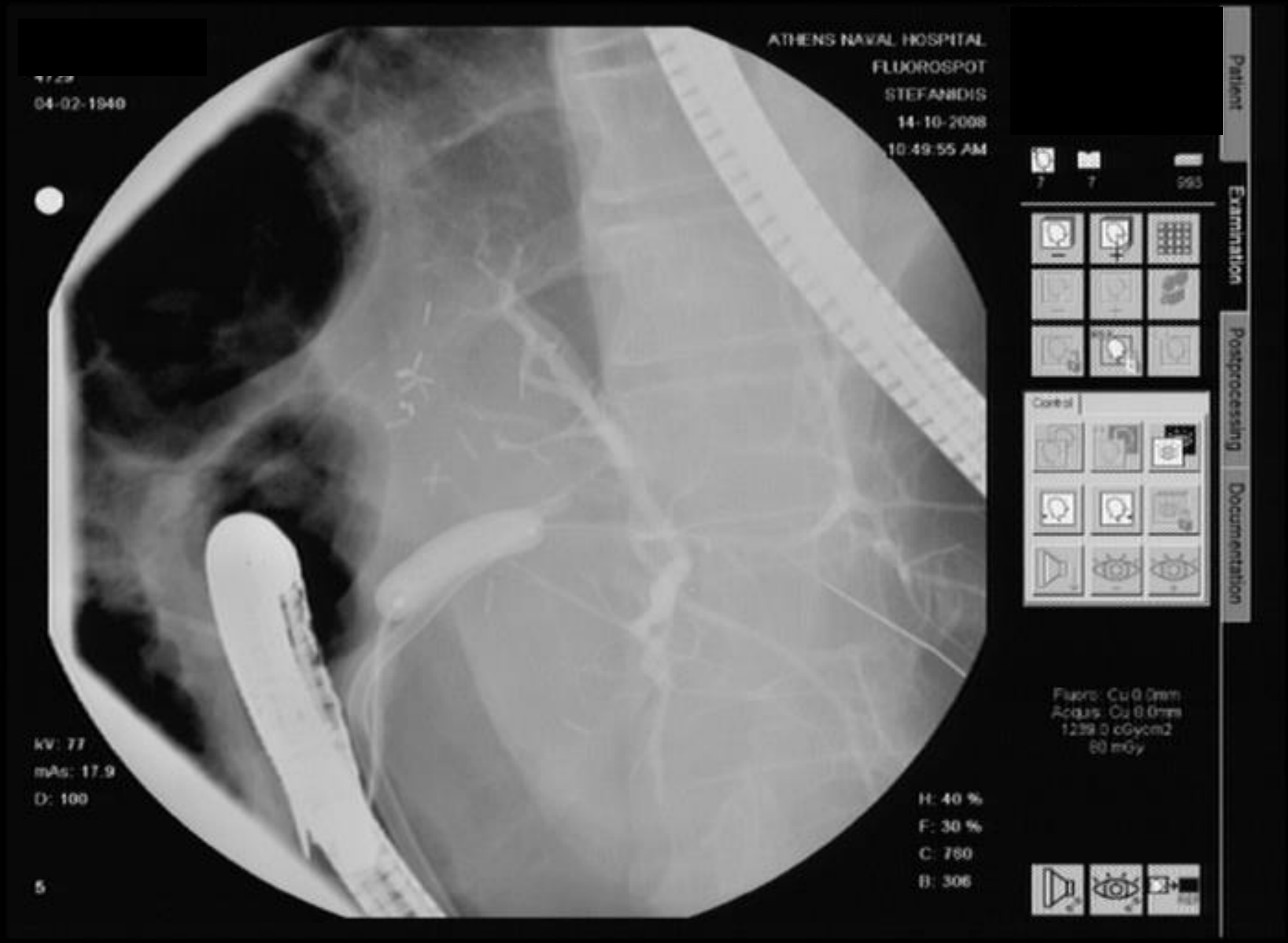
De Palma. Gastrointest Endosc 2001; 53: 547

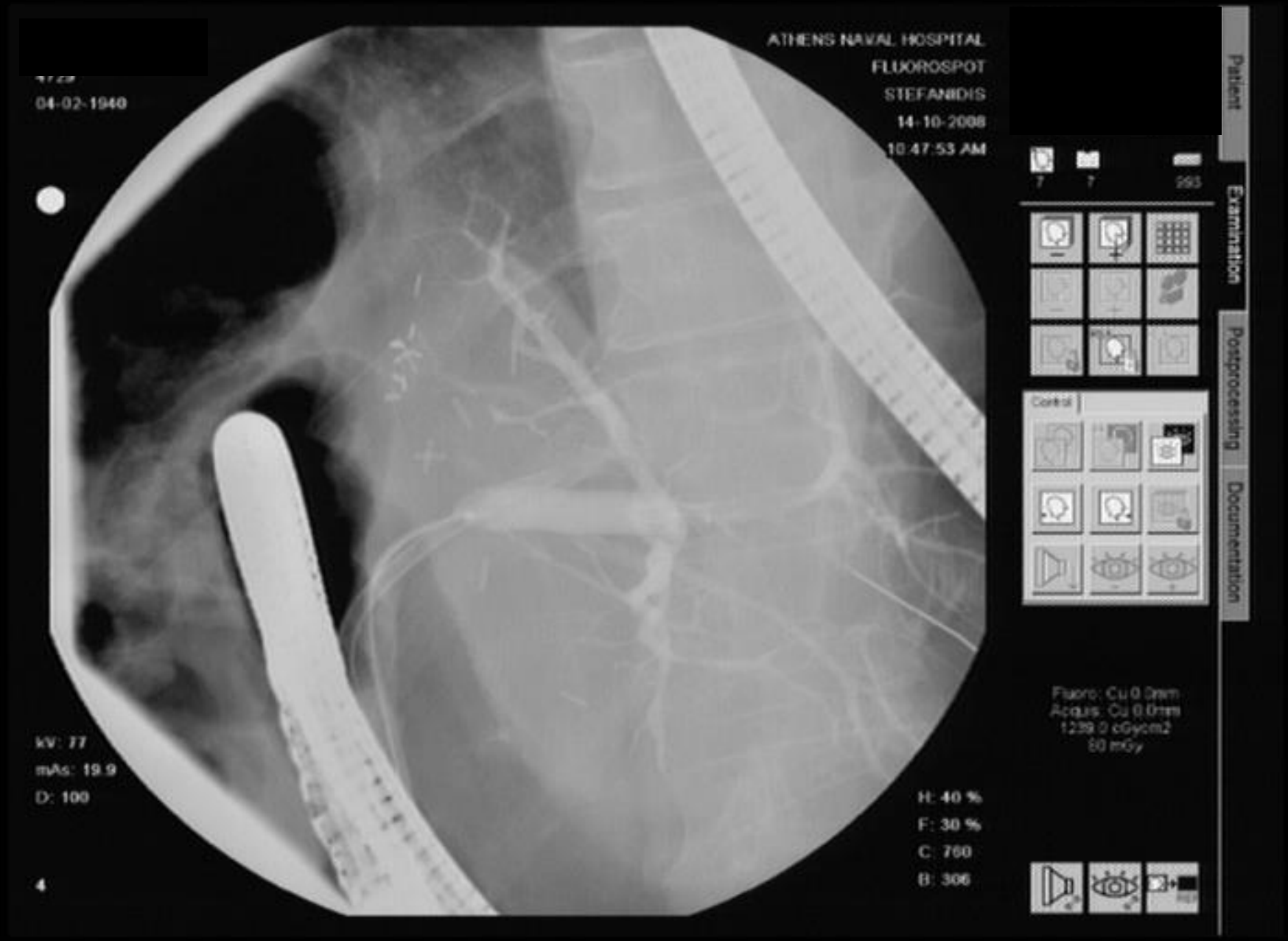
Management of Malignant Hilar Strictures




Emergency
01-02-2009
ATHENS NAVAL HOSPITAL
FLUOROSPOT
01-02-2009
3:48:31 PM
Patient
Examination
Postprocessing
Documentation
kV: 81
mAs: 24.5
D: 100
1
H: 40 %
F: 30 %
C: 760
B: 306
ICON


ATHENS NAVAL HOSPITAL
FLUOROSPOT
STEFANIDIS
27-02-2009
5:57:07 PM
04-02-1940
kV: 77
mAs: 20.9
D: 100
20
H: 40 %
F: 30 %
C: 760
B: 306
Patient
Examination
Postprocessing
Documentation
Process
Graphics
DSA
ICON


ATHENS NAVAL HOSPITAL
FLUOROSPOT
STEFANIDIS
14-10-2008
10:49:55 AM
04-02-1940
kV: 77
mAs: 17.9
D: 100
H: 40 %
F: 30 %
C: 780
B: 306
5
Patient
Examination
Postprocessing
Documentation
Control
Fluoro: Cu 0.0mm
Acquis: Cu 0.0mm
1238.0 cGycm2
60 mGy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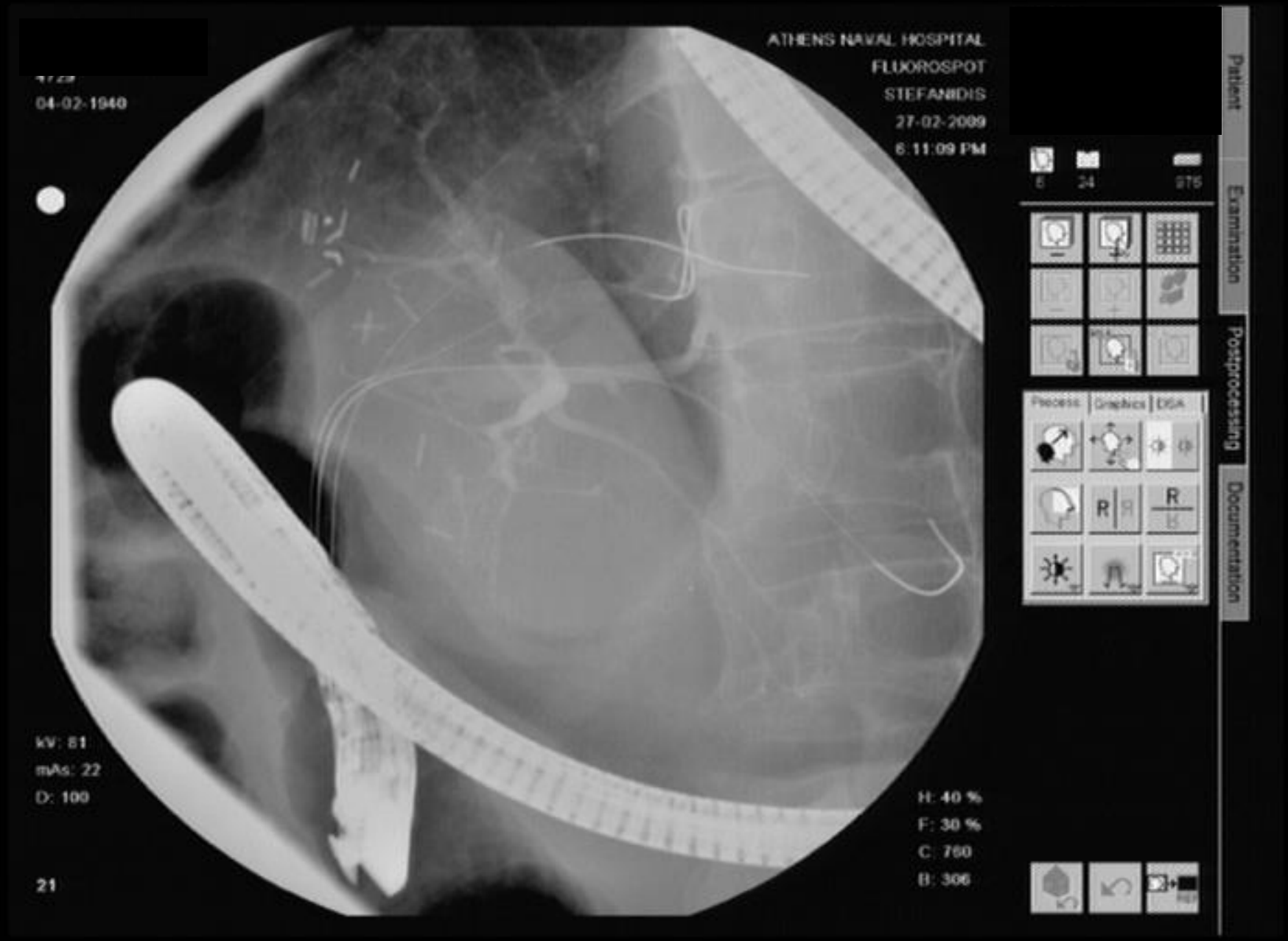
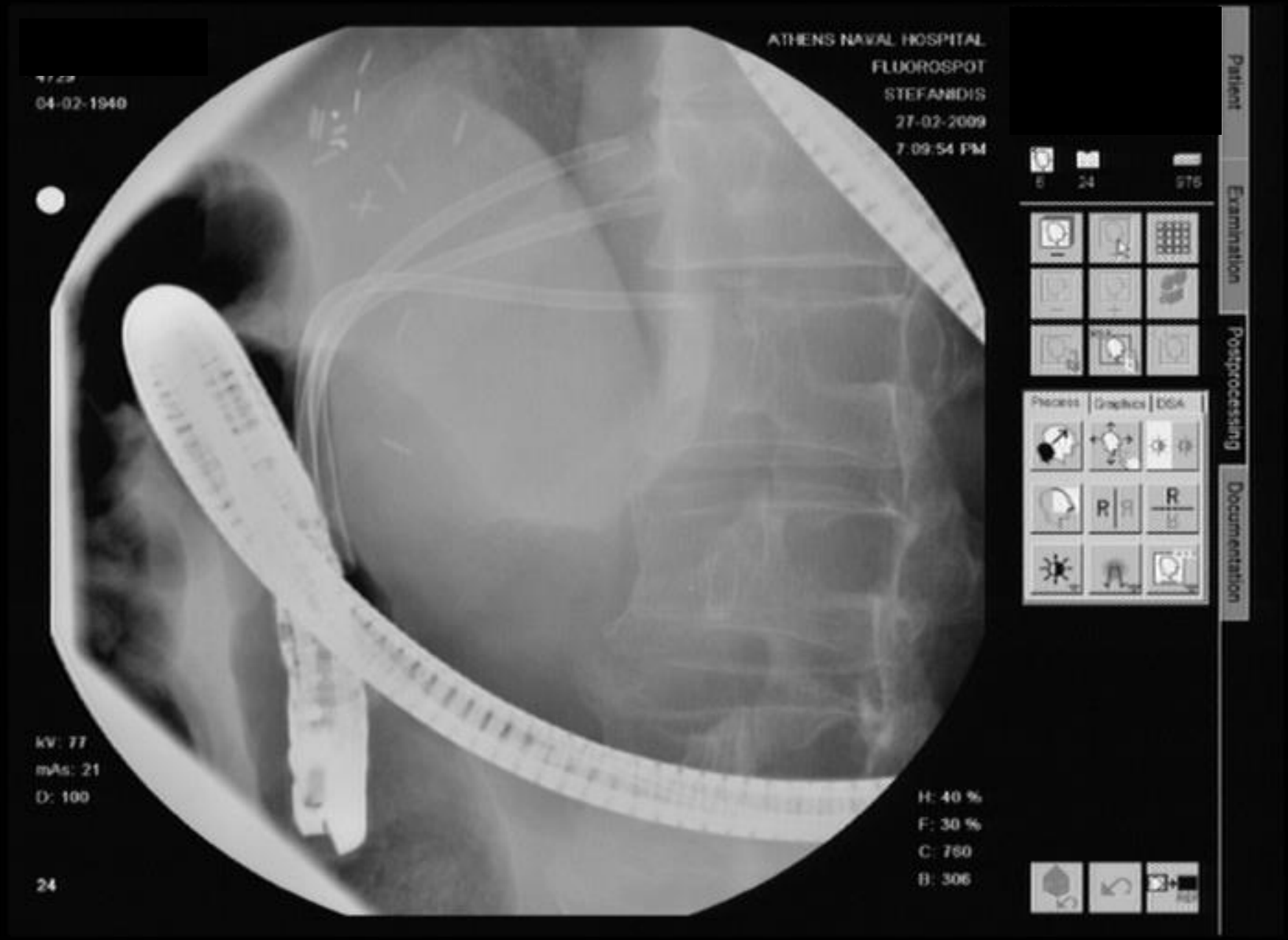
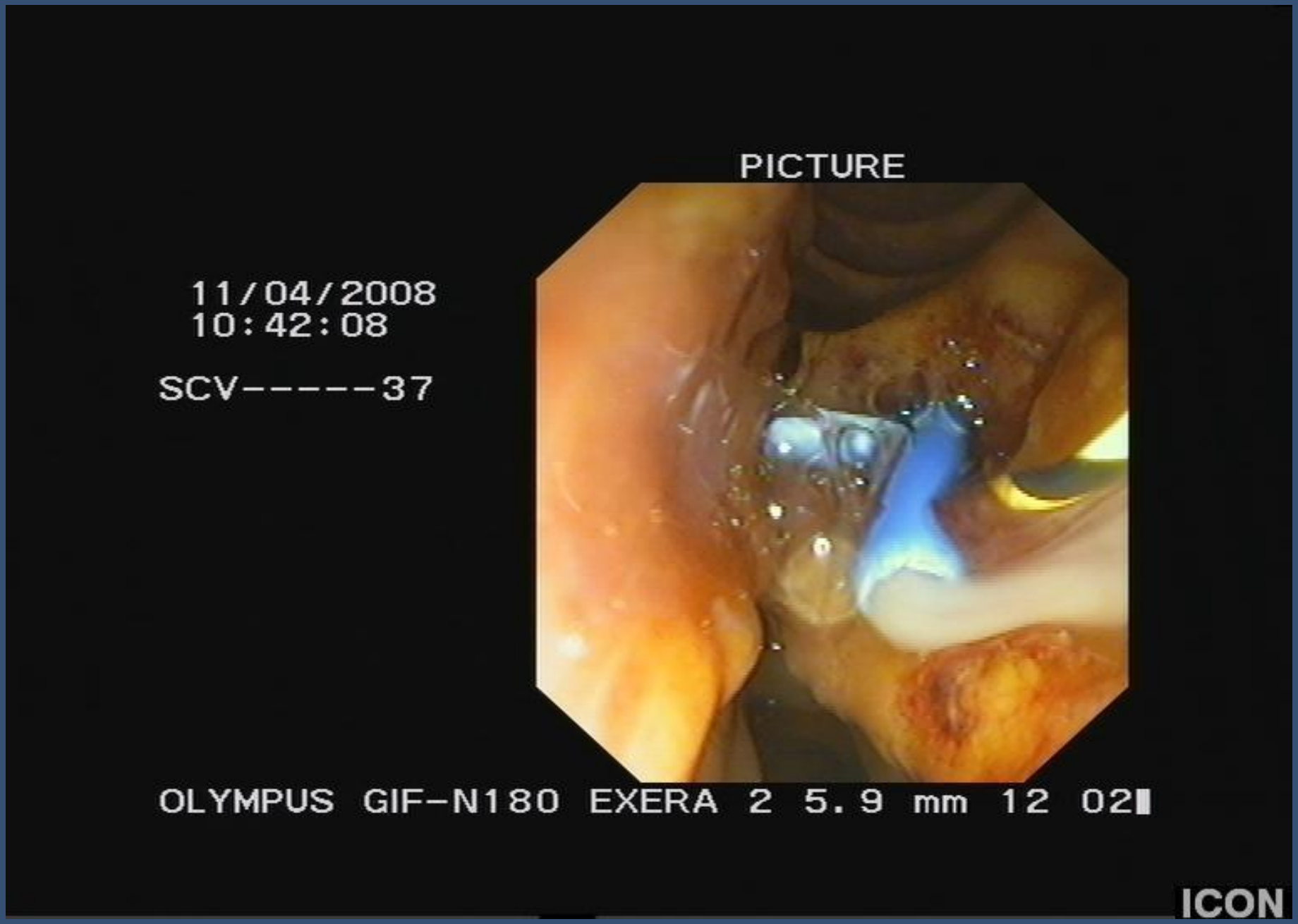
FLUOROSPOT
STEFANIDIS
14-10-2008
10:47:53 AM
04-02-1940
kV: 77
mAs: 19.9
D: 100
H: 40 %
F: 30 %
C: 760
B: 306
Patient
Examination
Postprocessing
Documentation
Control
Fluoro: Cu 0.0mm
Acquis: Cu 0.0mm
1238.0 cGycm2
80 mGy


ATHENS NAVAL HOSPITAL
FLUOROSPOT
STEFANIDIS
27-02-2009
6:11:09 PM
04-02-1940
kV: 81
mAs: 22
D: 100
21
H: 40 %
F: 30 %
C: 760
B: 306
Patient
Examination
Postprocessing
Documentation
Process
Graphics
DSA
ICON


ATHENS NAVAL HOSPITAL
FLUOROSPOT
STEFANIDIS
27-02-2009
7:09:54 PM
04-02-1940
kV: 77
mAs: 21
D: 100
24
H: 40 %
F: 30 %
C: 760
B: 306
Patient
Examination
Postprocessing
Documentation
Presets
Graphics
DSA

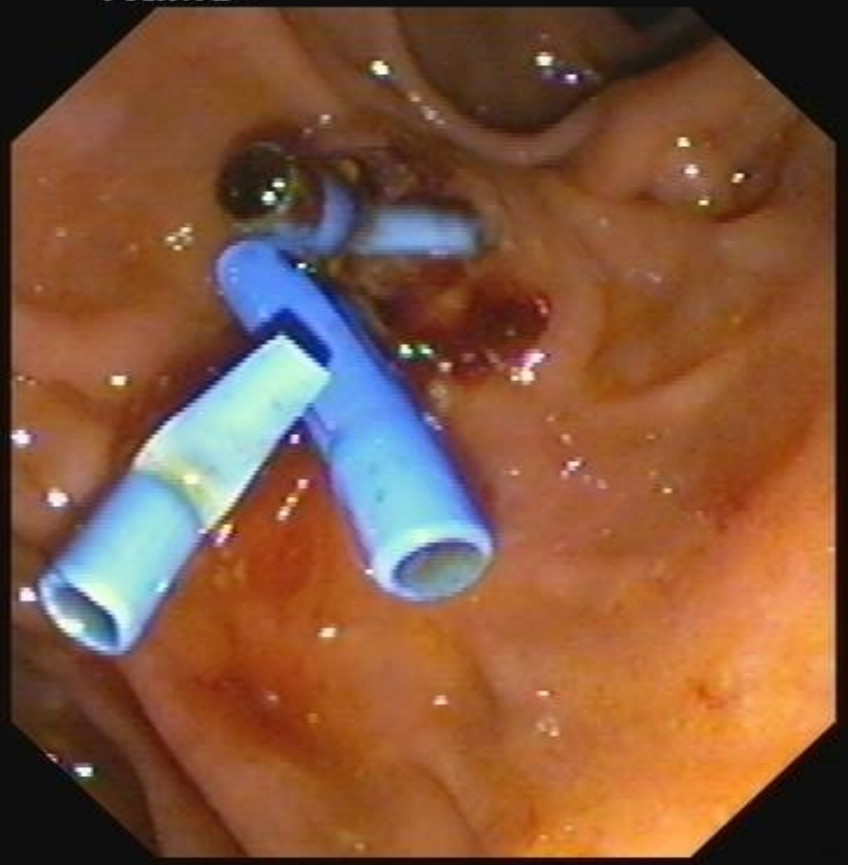

PICTURE
11/04/2008
10:42:08
SCV------37
OLYMPUS GIF-N180 EXERA 2 5.9 mm 12 02
ICON

h8
Sex : Age :
D. O. Birth :

12/08/2008
08:18:34

SCV-----39

Name :



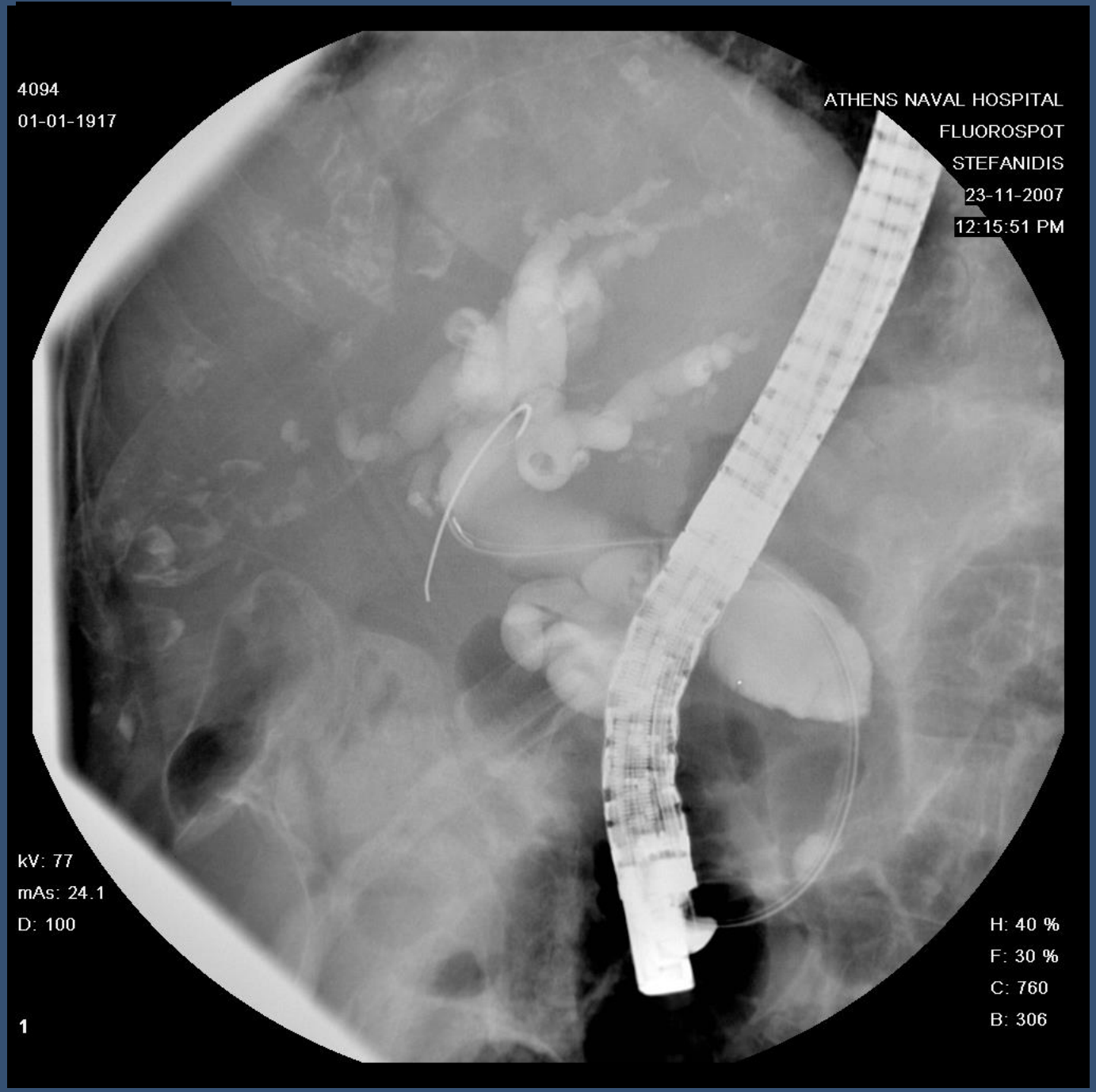
Comment :

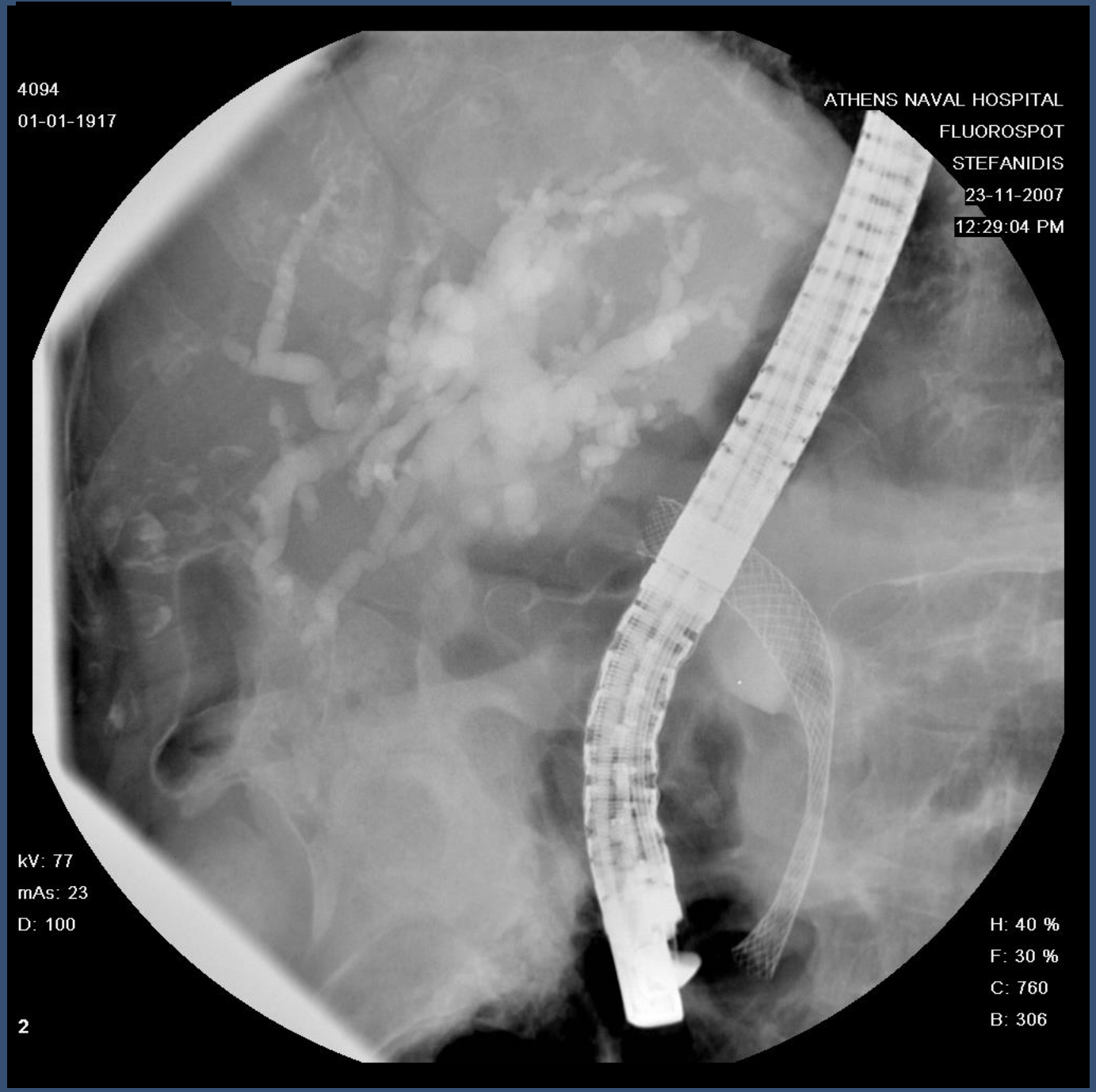
ICON

Davids PH, Groen AK, Rauws EA, Tytgat GN, Huibregtse K.

Randomised trial of self-expanding metal stents versus polyethylene stents for distal malignant biliary obstruction.

Lancet 1992 Dec 19-26;340:1488-92


4094
01-01-1917
ATHENS NAVAL HOSPITAL
FLUOROSPOT
STEFANIDIS
23-11-2007
12:15:51 PM
kV: 77
mAs: 24.1
D: 100
1
H: 40 %
F: 30 %
C: 760
B: 306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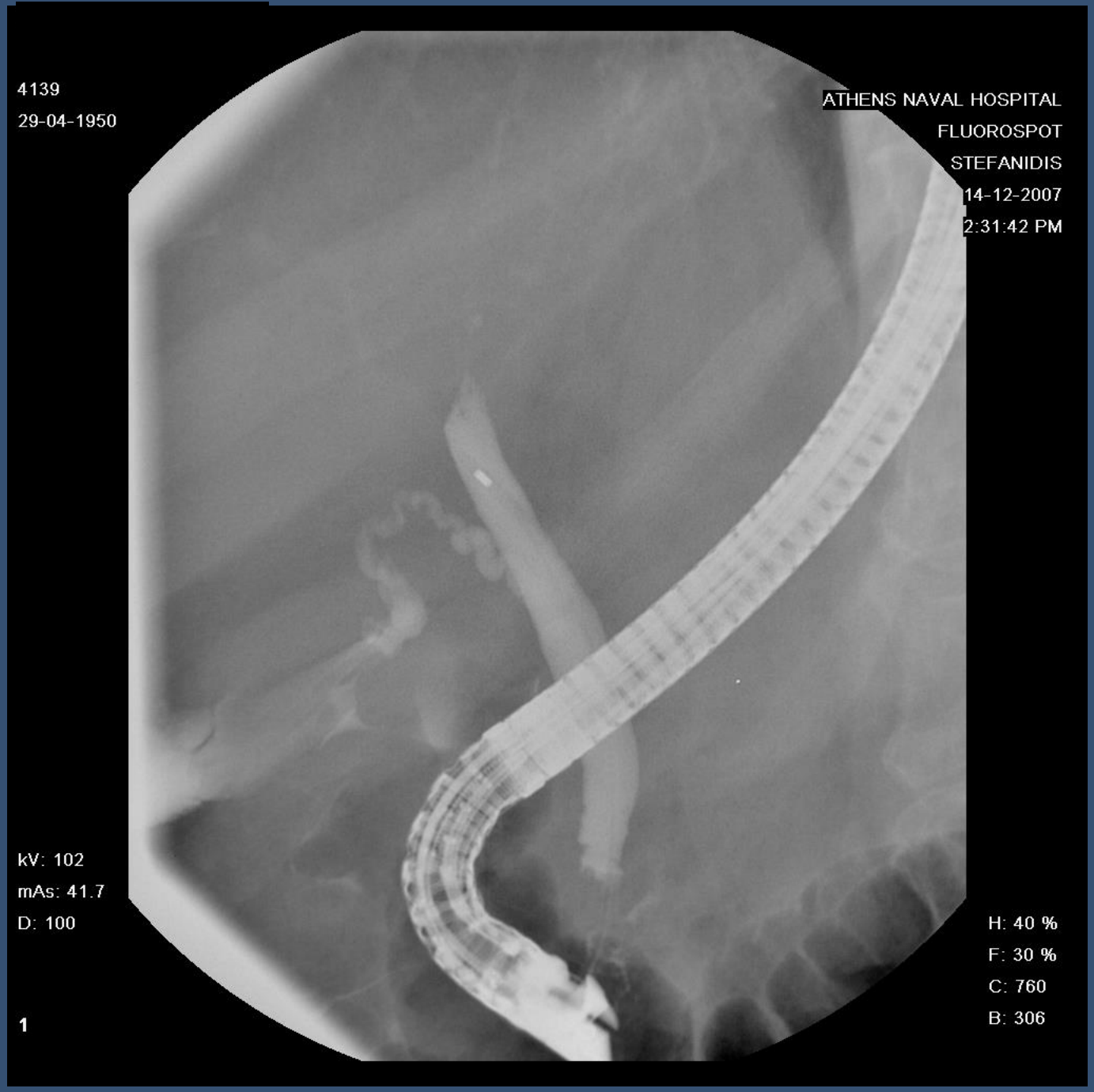
01-01-1917
ATHENS NAVAL HOSPITAL
FLUOROSPOT
STEFANIDIS
23-11-2007
12:29:04 PM
kV: 77
mAs: 23
D: 100
2
H: 40 %
F: 30 %
C: 760
B: 306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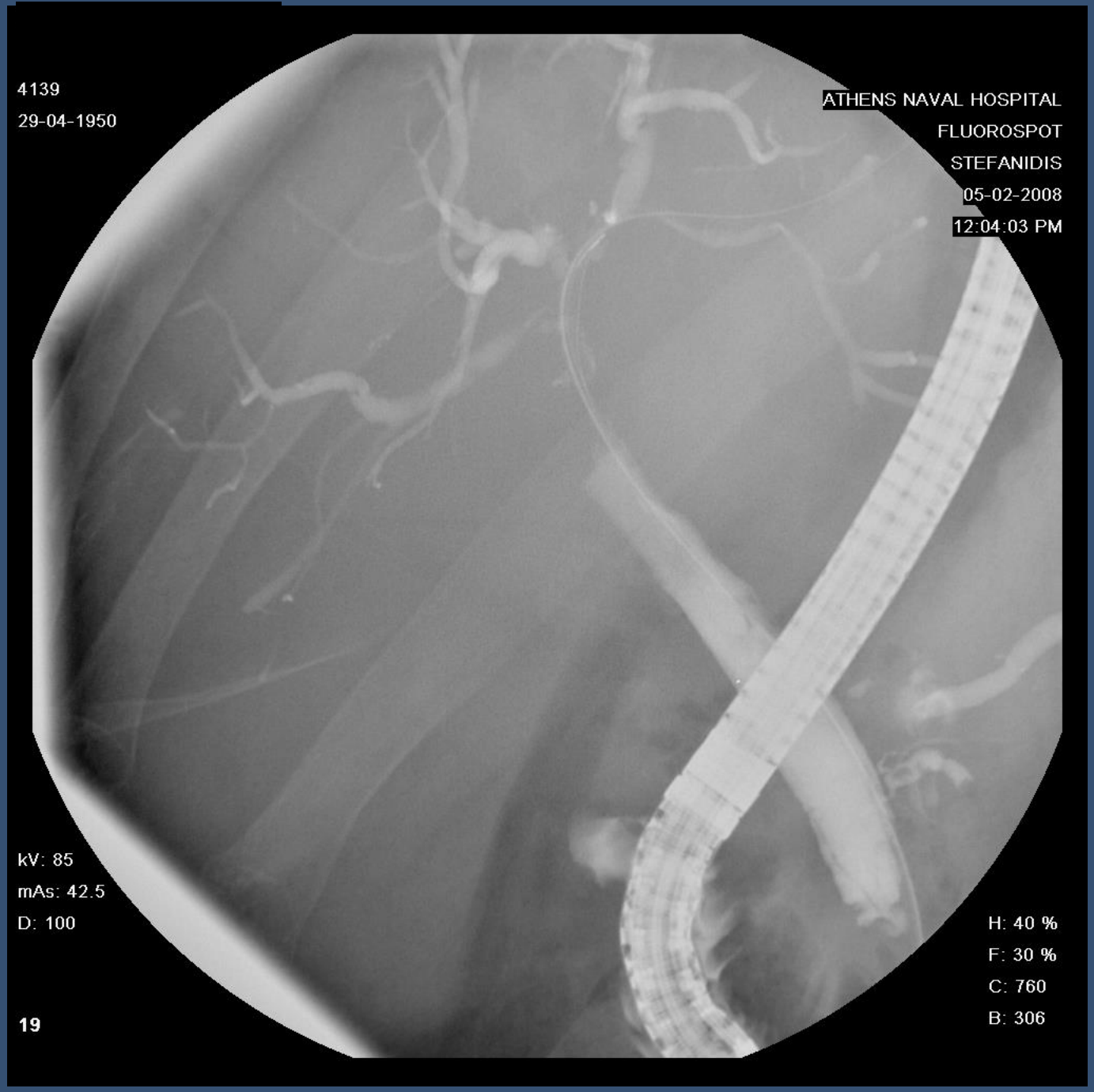
ATHENS NAVAL HOSPITAL
FLUOROSPOT
STEFANIDIS
14-12-2007
2:31:42 PM
kV: 102
mAs: 41.7
D: 100
1
H: 40 %
F: 30 %
C: 760
B: 306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ATHENS NAVAL HOSPITAL
FLUOROSPOT
STEFANIDIS
05-02-2008
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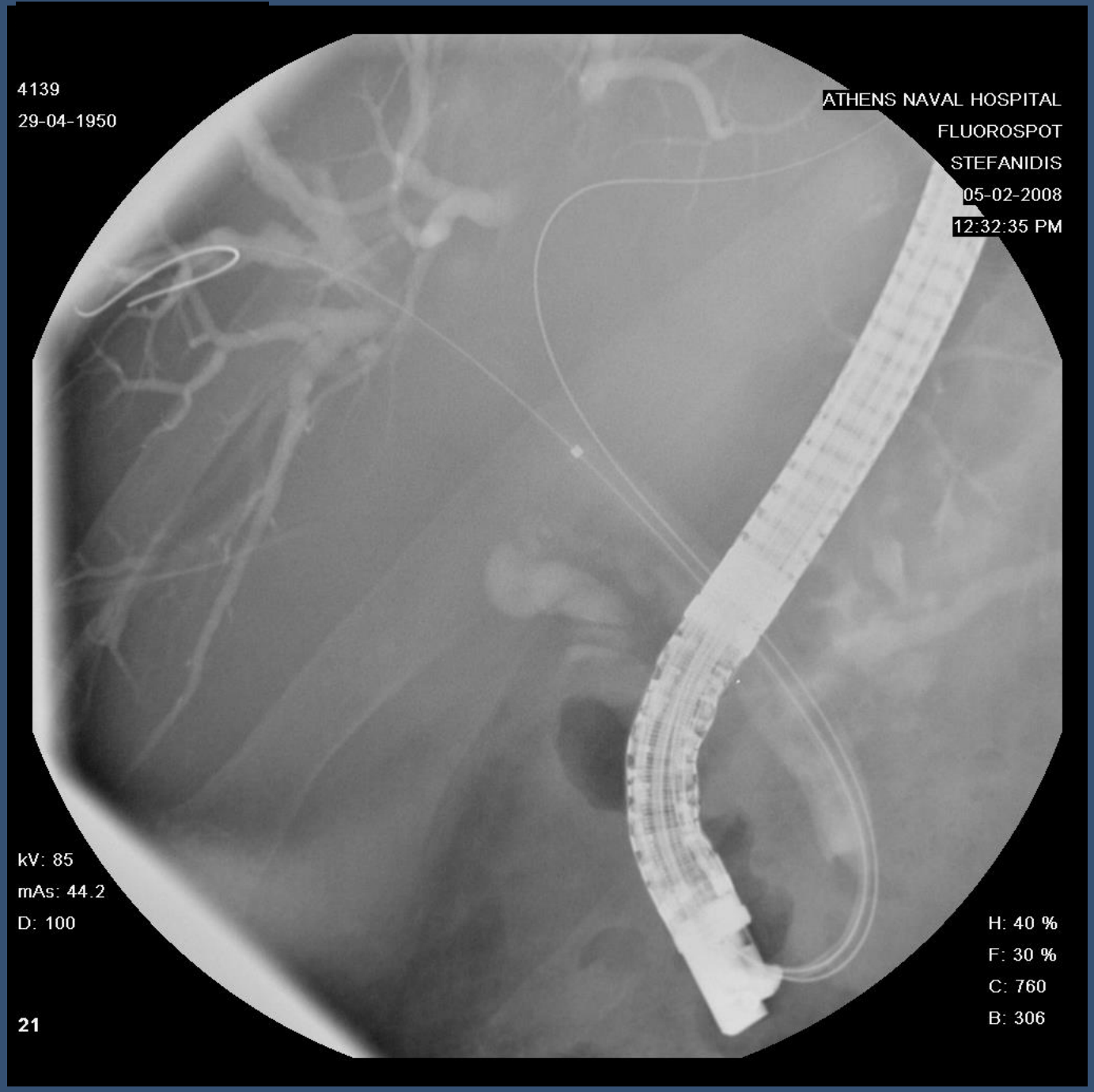
H: 40 %
F: 30 %
C: 760
B: 306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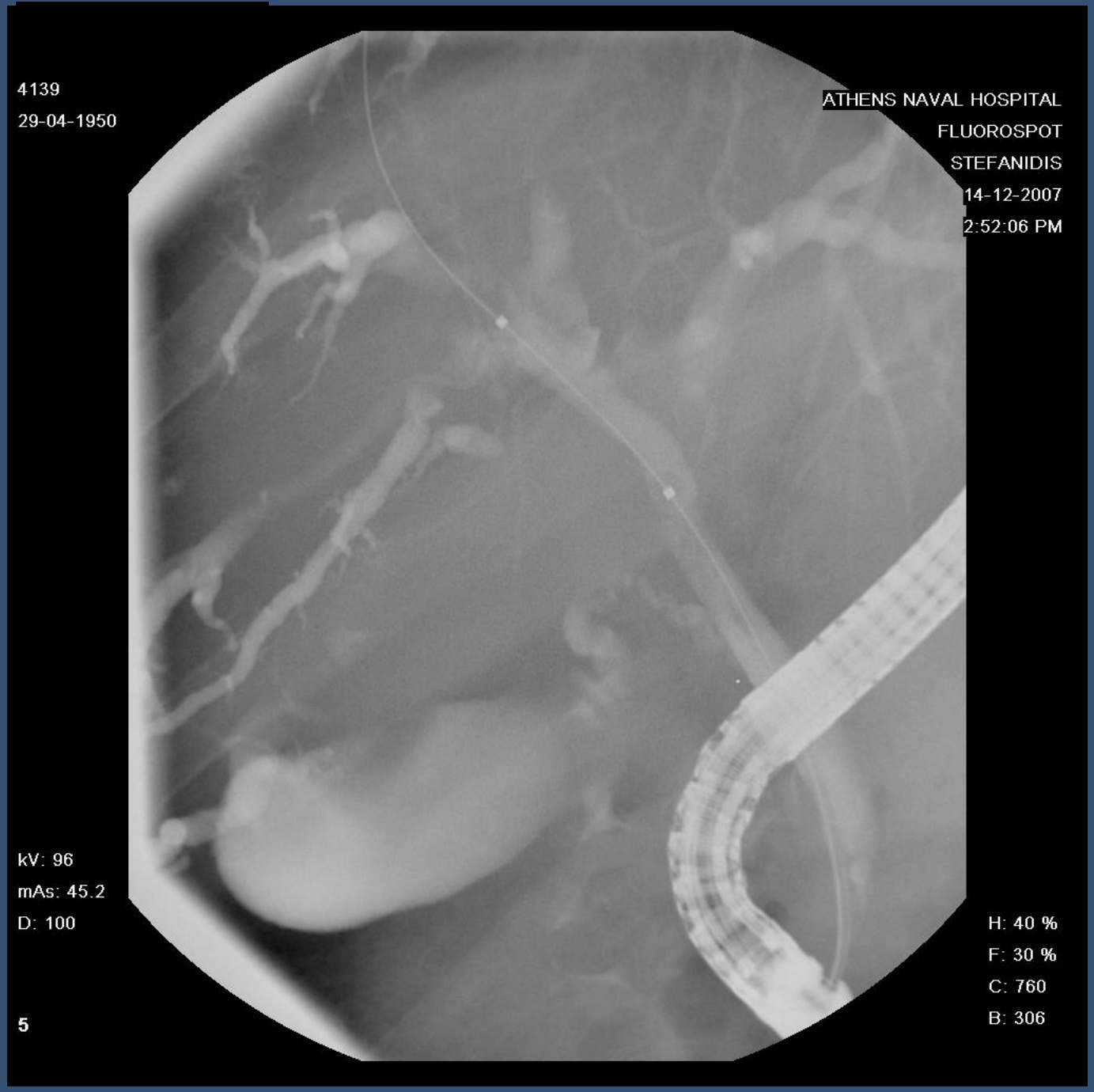
ATHENS NAVAL HOSPITAL
FLUOROSPOT
STEFANIDIS
05-02-2008
12:32:35 PM
kV: 85
mAs: 44.2
D: 100
21
H: 40 %
F: 30 %
C: 760
B: 306


ATHENS NAVAL HOSPITA
FLUOROSPOT
STEFANIDIS
23-05-2008
12:24:03 PM
29-04-1950
kV: 81
mAs: 47.9
D: 100
4
H: 40 %
F: 30 %
C: 760
B: 306
Patient
Examination
Postprocessing
Documentation
Abdomen
Continuous
Process
Graphics
DSA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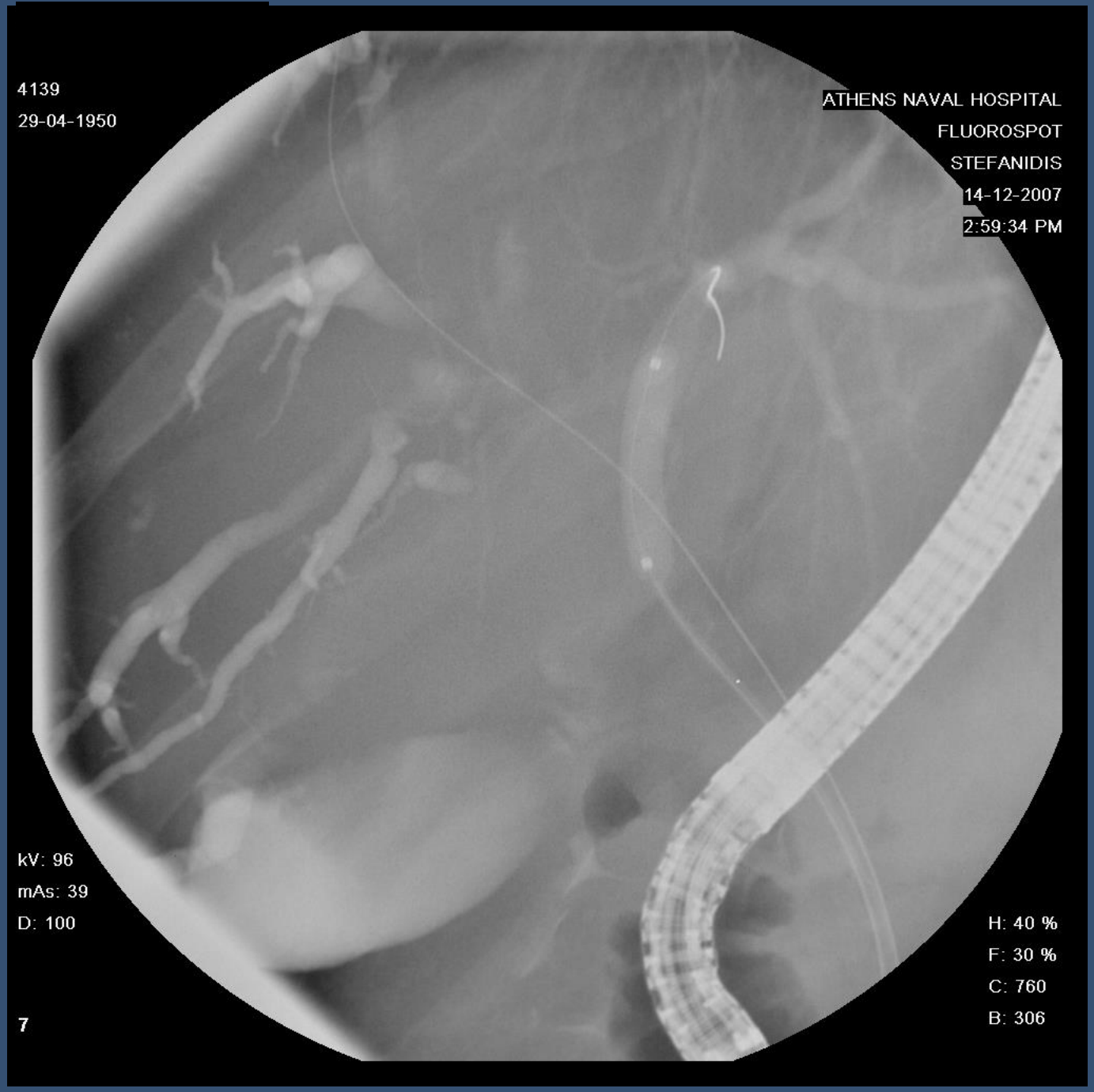
29-04-1950
ATHENS NAVAL HOSPITAL
FLUOROSPOT
STEFANIDIS
14-12-2007
2:52:06 PM
kV: 96
mAs: 45.2
D: 100
5
H: 40 %
F: 30 %
C: 760
B: 306

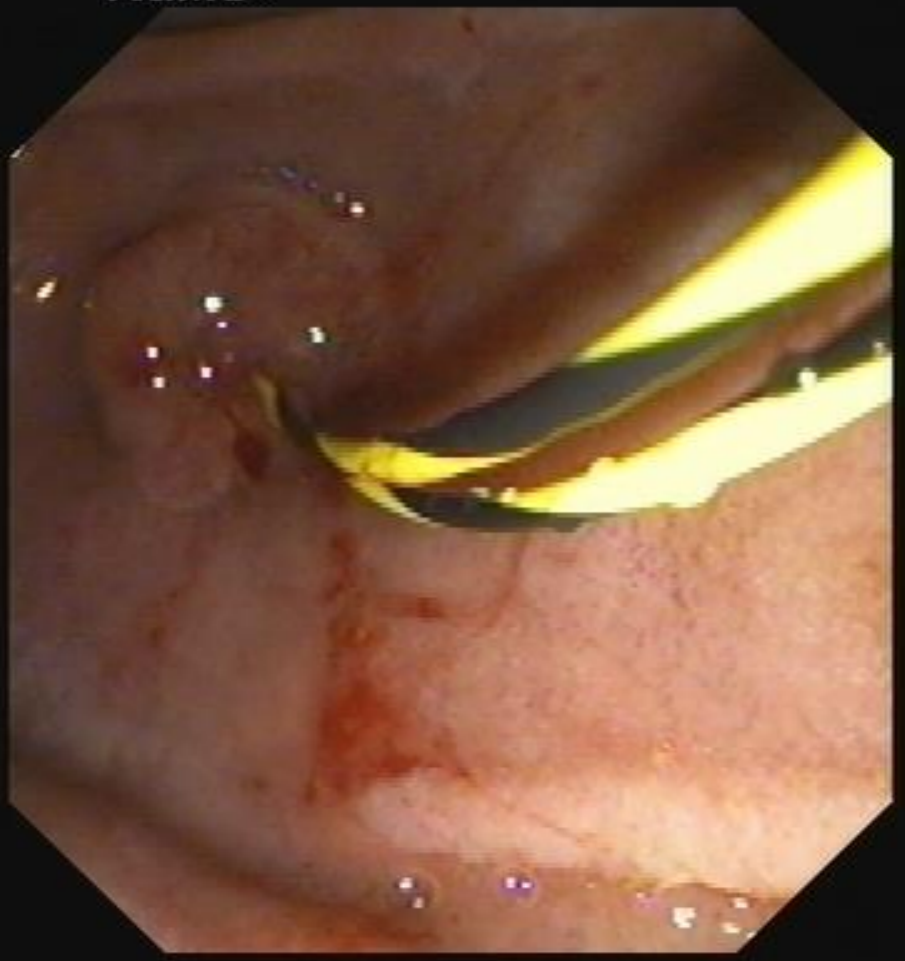

4139
29-04-1950
ATHENS NAVAL HOSPITAL
FLUOROSPOT
STEFANIDIS
14-12-2007
2:59:34 PM
kV: 96
mAs: 39
D: 100
7
H: 40 %
F: 30 %
C: 760
B: 306

h8 g
Sex: Age:
D. O. Birth:

16/09/2008
07:37:37

SCV------54

Name:



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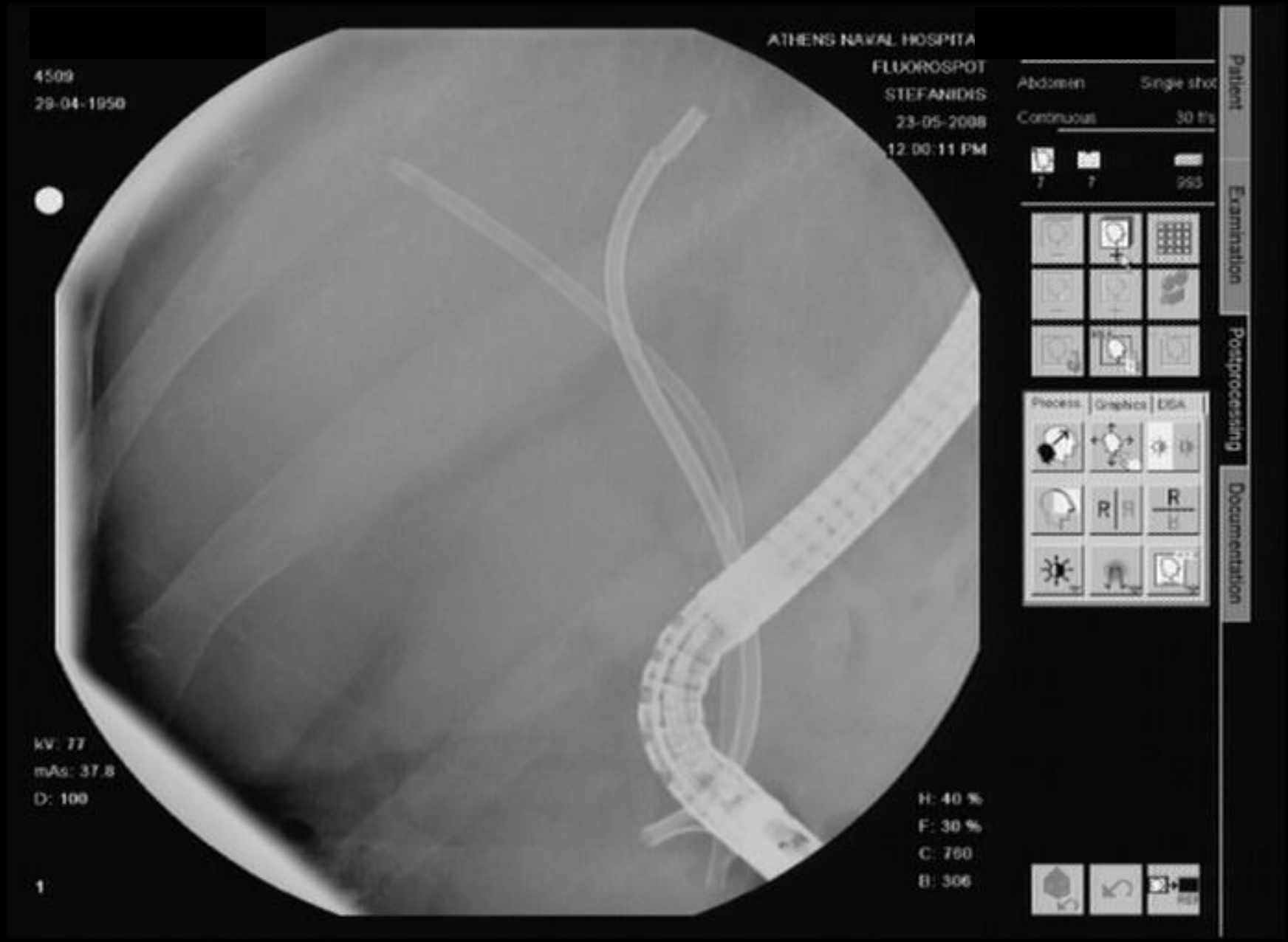
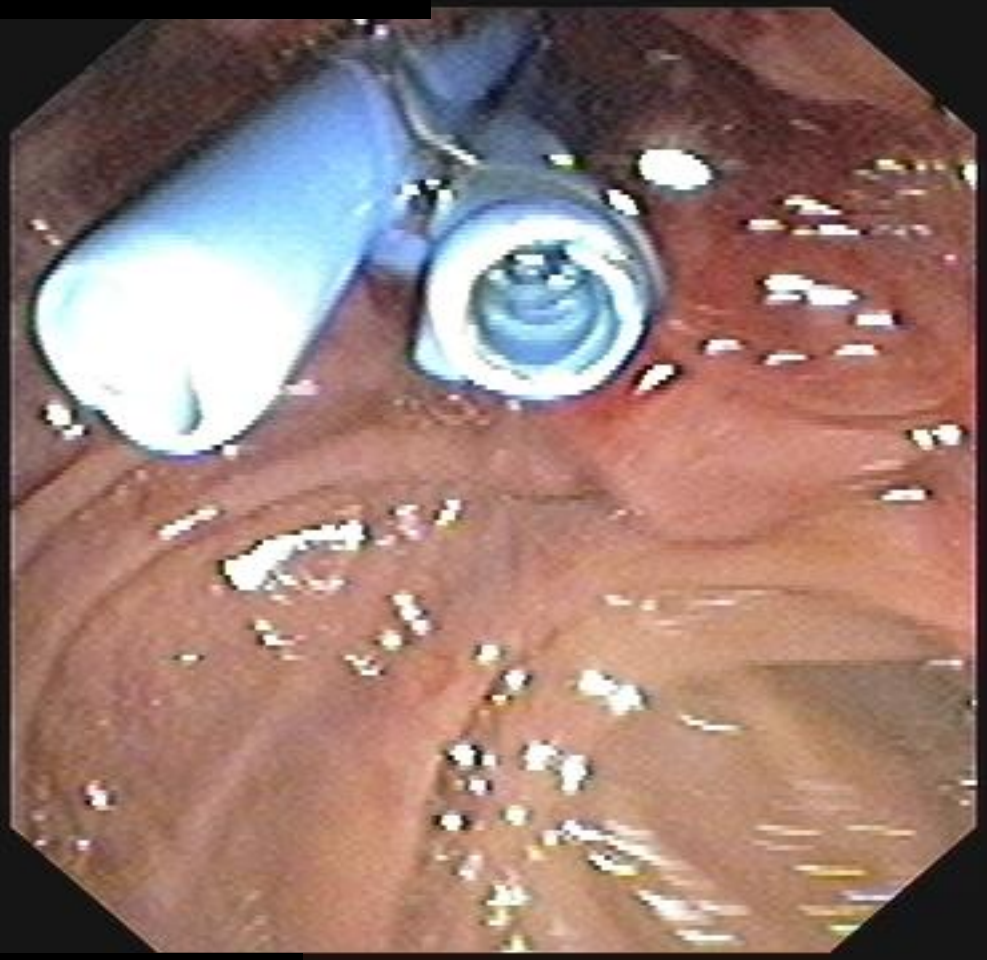

4509
29-04-1950
ATHENS NAVAL HOSPITA
FLUOROSPOT
STEFANIDIS
23-05-2008
12:00:11 PM
Abdomen
Single shot
Continuous
30 f/s
993
Patient
Examination
Postprocessing
Documentation
Process
Graphics
DSA
kV: 77
mAs: 37.8
D: 100
1
H: 40 %
F: 30 %
C: 760
B: 306

ICON

[redacted]

21/05/2009
14:56:02

CVP: 11
D.F:
EH:H



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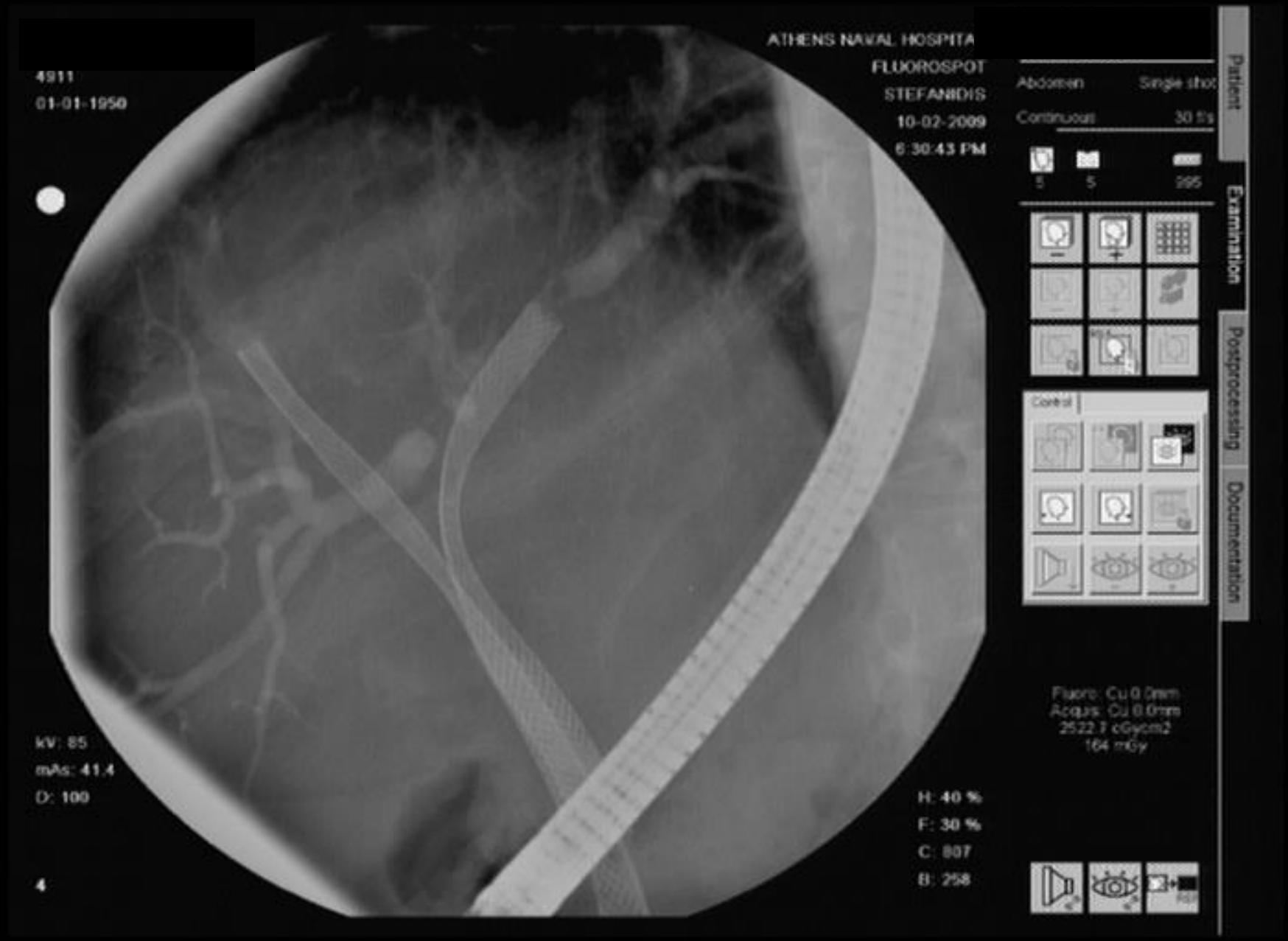

4911
01-01-1950
ATHENS NAVAL HOSPITA
FLUOROSPOT
STEFANIDIS
10-02-2009
6:30:43 PM
Abdomen
Single shot
Continuous
30 f/s
5
5
995
Patient
Examination
Postprocessing
Documentation
Control
Fluoro: Cu 0.0mm
Acquis: Cu 0.0mm
2522.7 cGycm2
164 mGy
kV: 85
mAs: 41.4
D: 100
4
H: 40 %
F: 30 %
C: 807
B: 258

ICON


4911
01-01-1950
ATHENS NAVAL HOSPITA
FLUOROSPOT
STEFANIDIS
10-02-2009
6:32:10 PM
Abdomen
Single shot
Continuous
30 f/s
5
5
995
Patient
Examination
Postprocessing
Documentation
Contrst
Fluoro: Cu 0.0mm
Acquis: Cu 0.0mm
2522.1 cGycm2
164 mGy
kV: 81
mAs: 49.5
D: 100
H: 40 %
F: 30 %
C: 760
B: 306
5

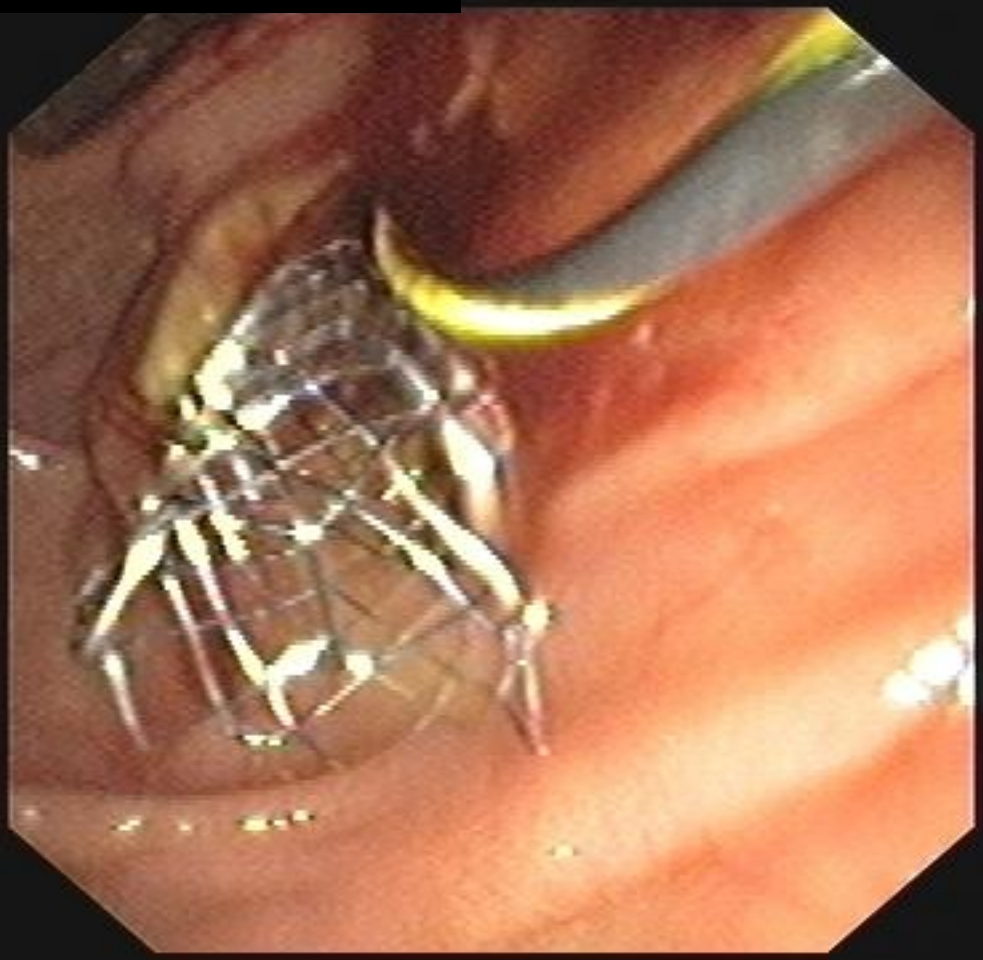
ICON


2 ♀
009
6


09

SURNAME NAME

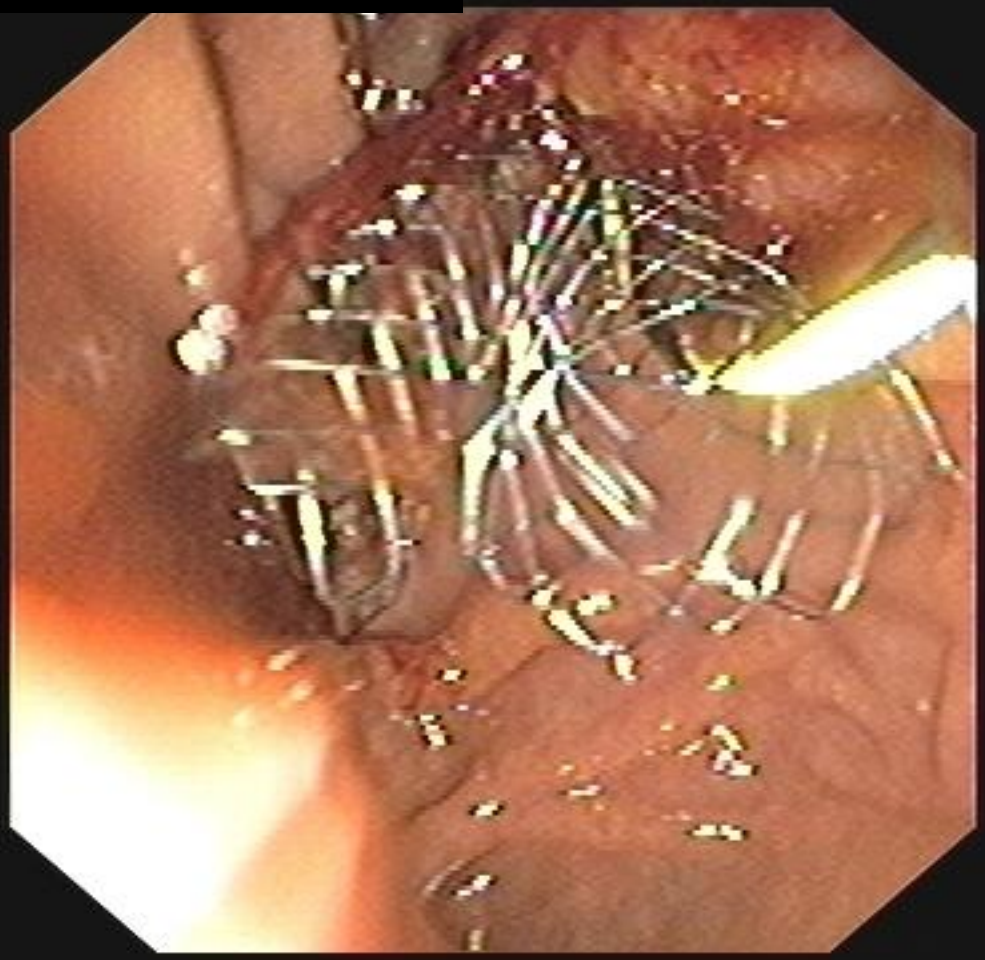
[redacted]



ICON

SURNAME NAME

[redacted]

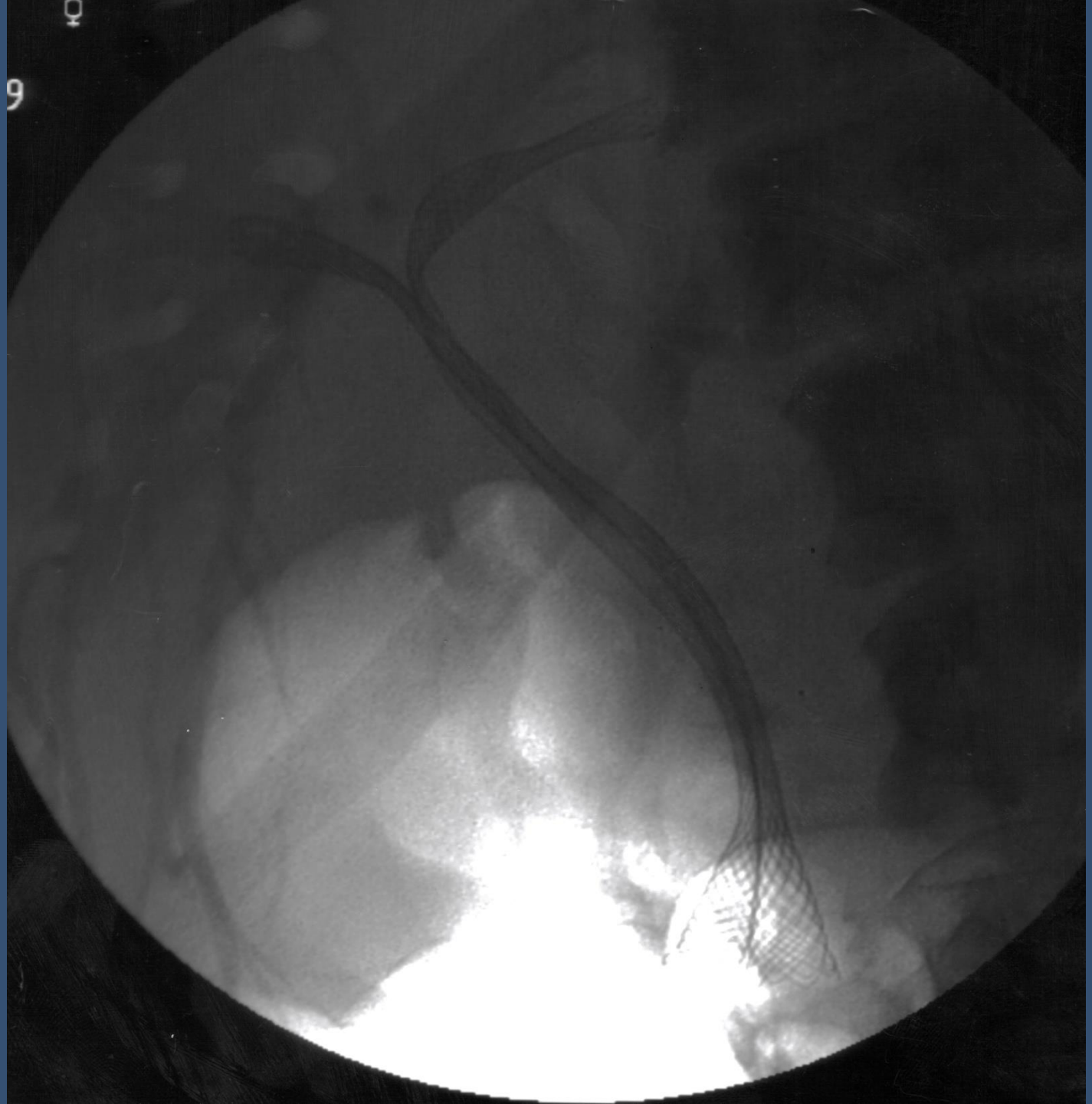


08/04/2009
15:23:26

CVP: 6
D.F:
EH:H

DR STEFANIDIS

ICON



SURNAME NAME

[redacted]

08/04/2009
15:24:12

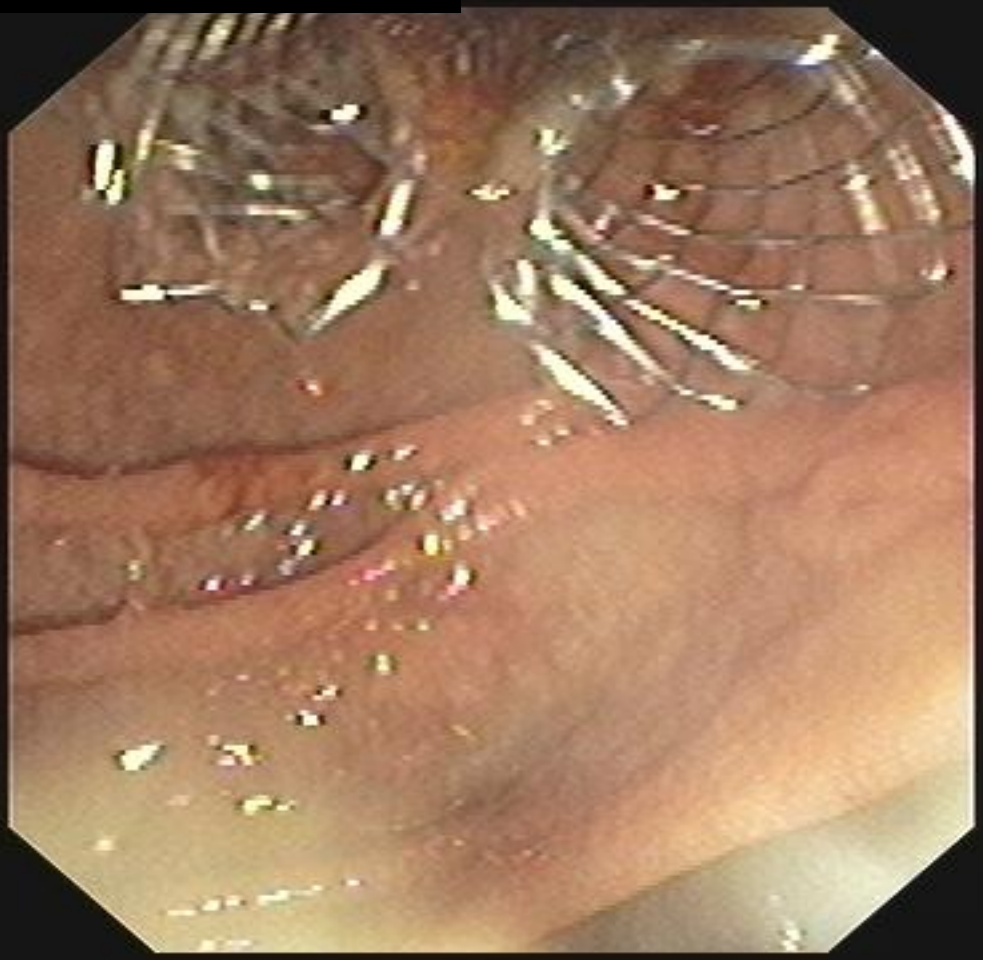
CVP: 7
D.F:
EH:H

DR STEFANIDIS

ICON

SURNAME NAME

[redacted]



08/04/2009
15:24:20

CVP: 8
D.F:
EH:H

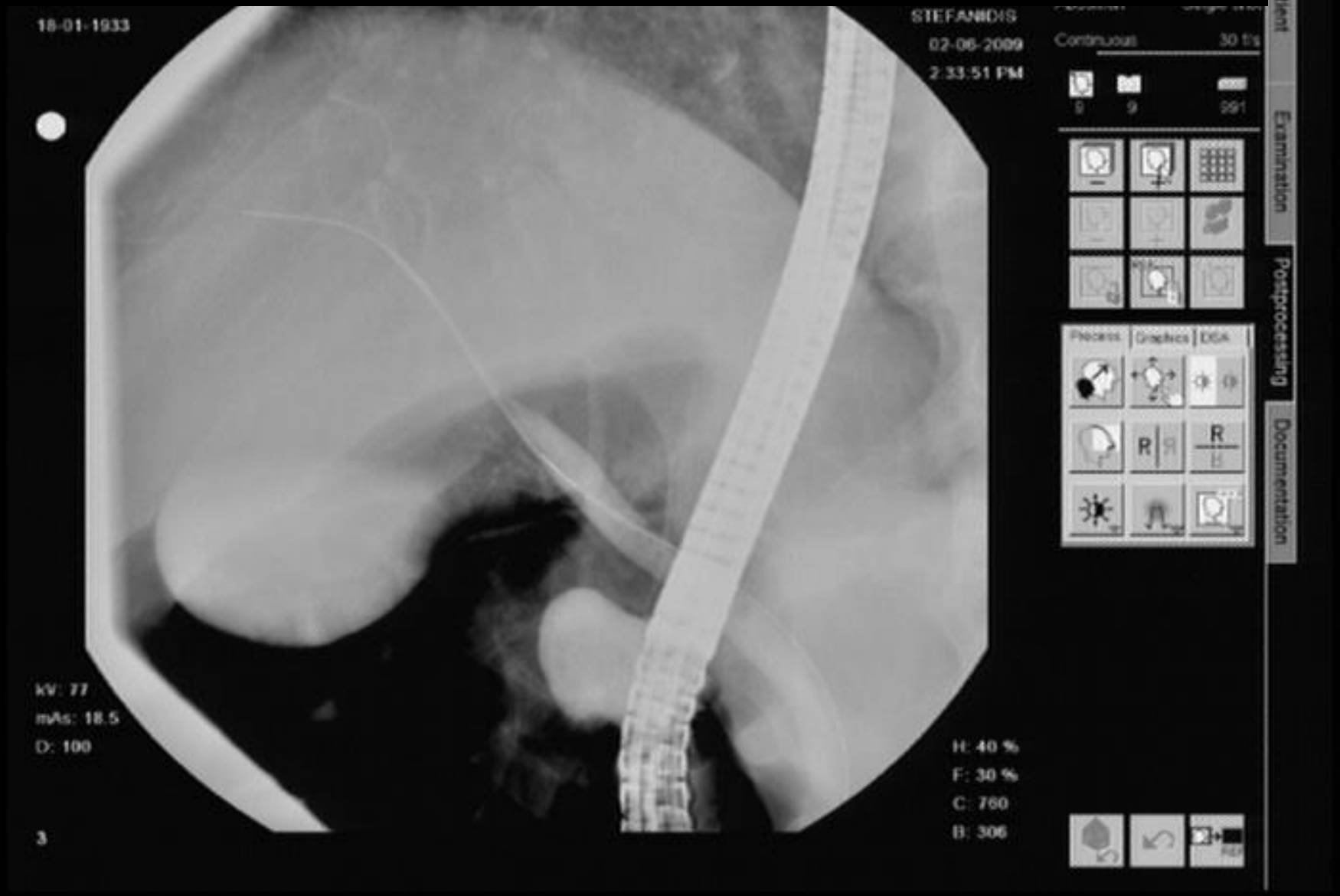
DR STEFANIDIS

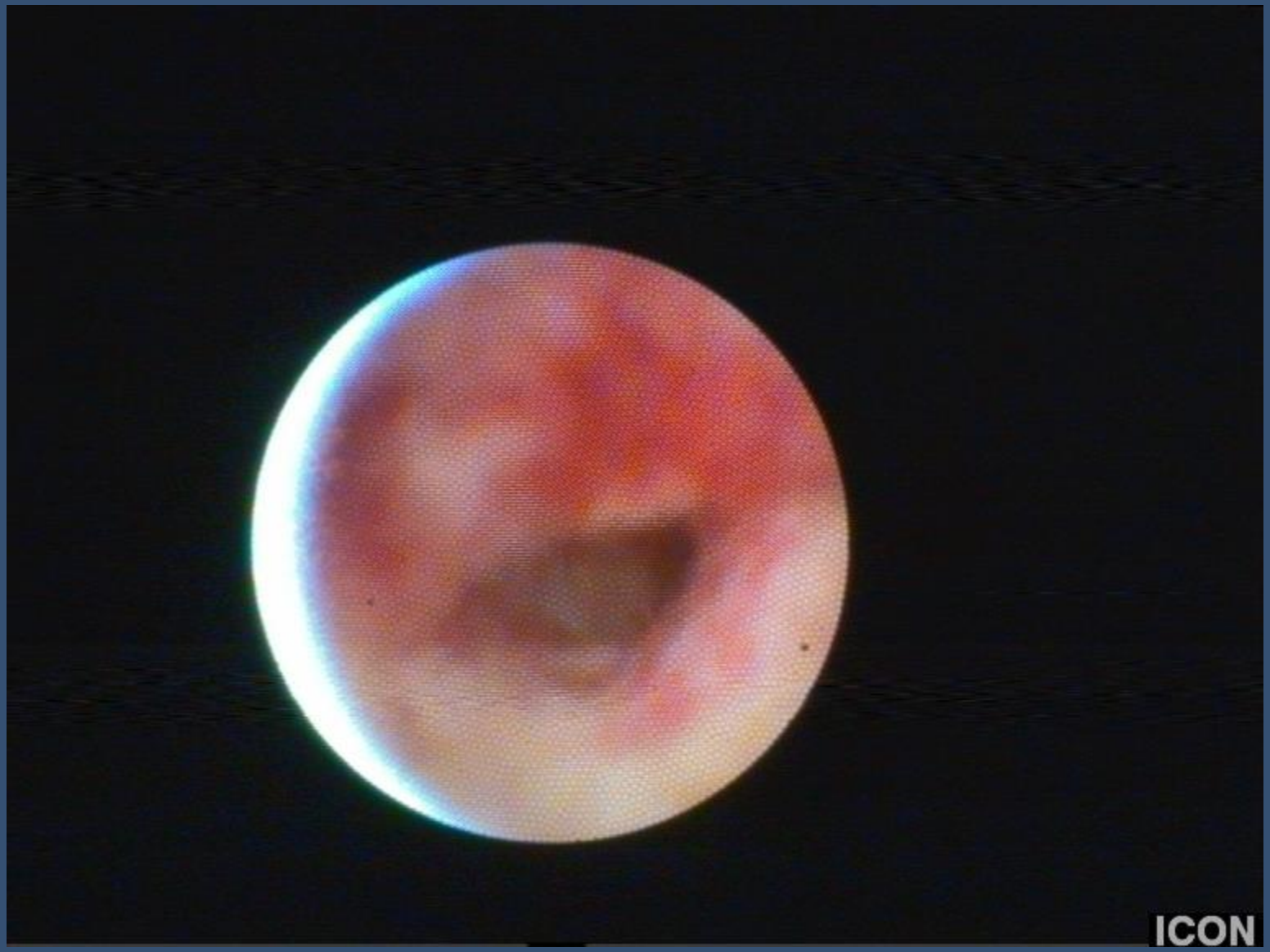
ICON

ΕΝΔΟΣΚΟΠΗΣΗ ΧΟΛΗΦΟΡΩΝ

ή / και

ΠΑΓΚΡΕΑΤΙΚΟΥ ΠΟΡΟΥ


18-01-1933
STEFANIDIS
02-06-2009
2:33:51 PM
Continuous
Patient
Examination
Postprocessing
Documentation
Process
Graphics
DSA
kV: 77
mAs: 18.5
D: 100
H: 40 %
F: 30 %
C: 760
B: 306
3
ICON


ICON


Boston Scientific
SpyGlass DS
Direct Visualization System
SpyScope DS

Improved Visualization

- Digital Sensor for Improved Image
- 60% Wider Field of View
- Automatic Light Control via independent LEDs
- Single-Use: no degradation from reprocessing
- Auto White-Balance, Auto Focus

Articulation

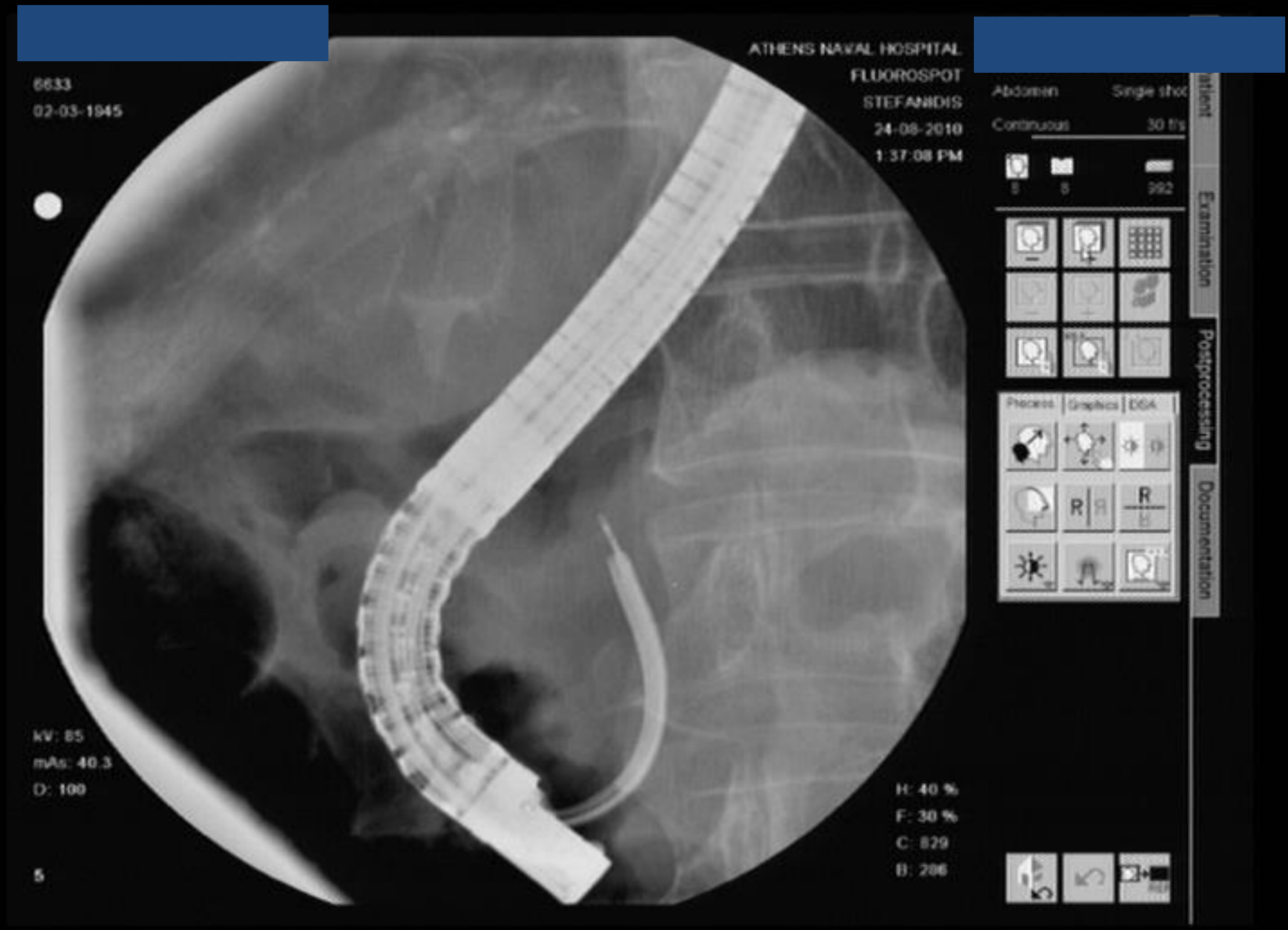
SpyBite™ Biopsy Forceps

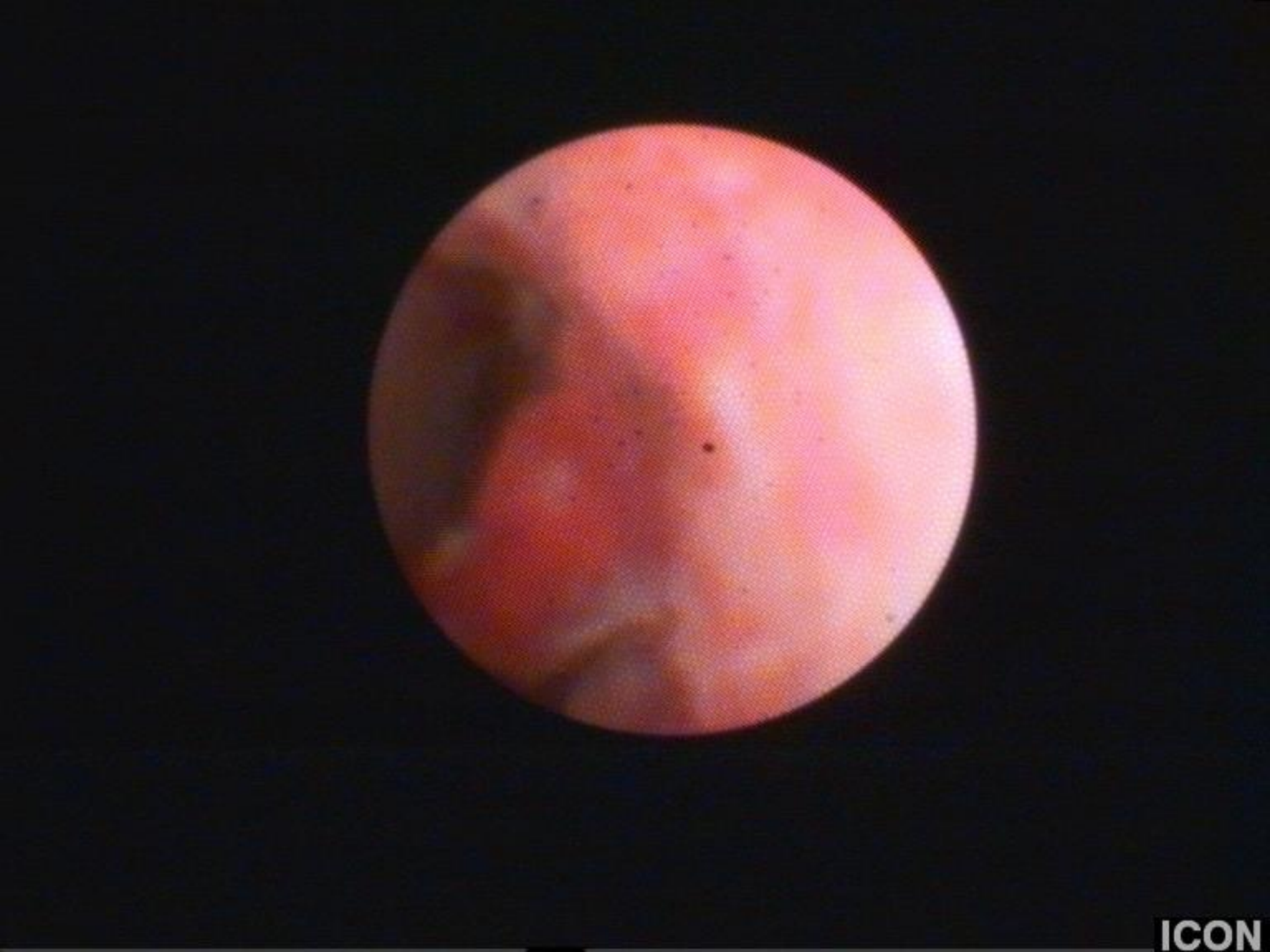
Laser Lithotripsy

EHL


6633
02-03-1945
ATHENS NAVAL HOSPITAL
FLUOROSPOT
STEFANIDIS
24-08-2010
1:10:25 PM
kV: 77
mAs: 31.6
D: 100
3
H: 40 %
F: 30 %
C: 852
B: 264
Abdomen
Single shot
Continuous
30 f/s
Examination
Postprocessing
Documentation
Process
Graphics
DSA

ICON


6633
02-03-1945
ATHENS NAVAL HOSPITAL
FLUOROSPOT
STEFANIDIS
24-08-2010
1:37:08 PM
kV: 85
mAs: 40.3
D: 100
5
H: 40 %
F: 30 %
C: 829
B: 286
Abdomen
Continuous
Examination
Postprocessing
Documentation
Pictures
Graphics
DSA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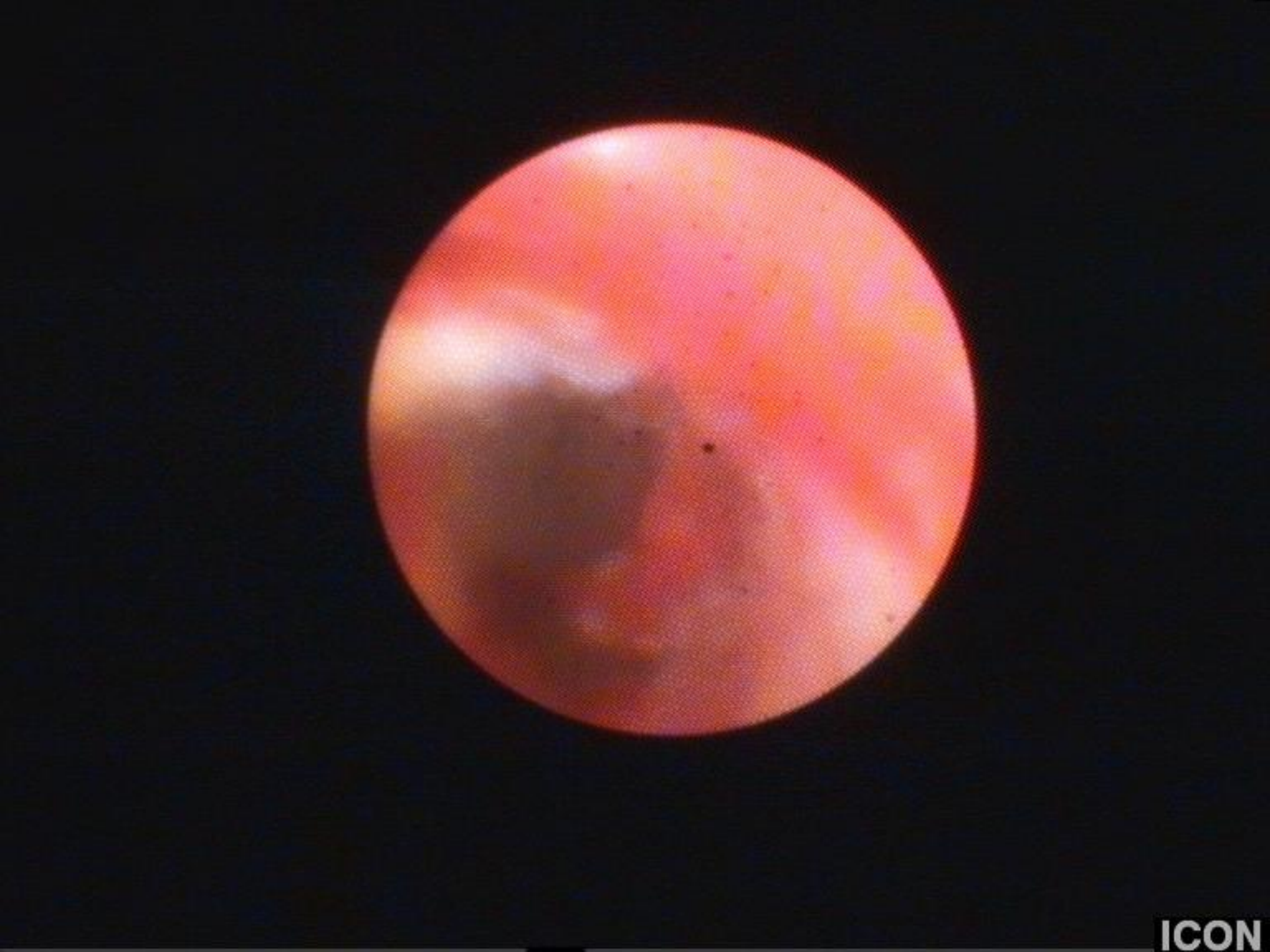
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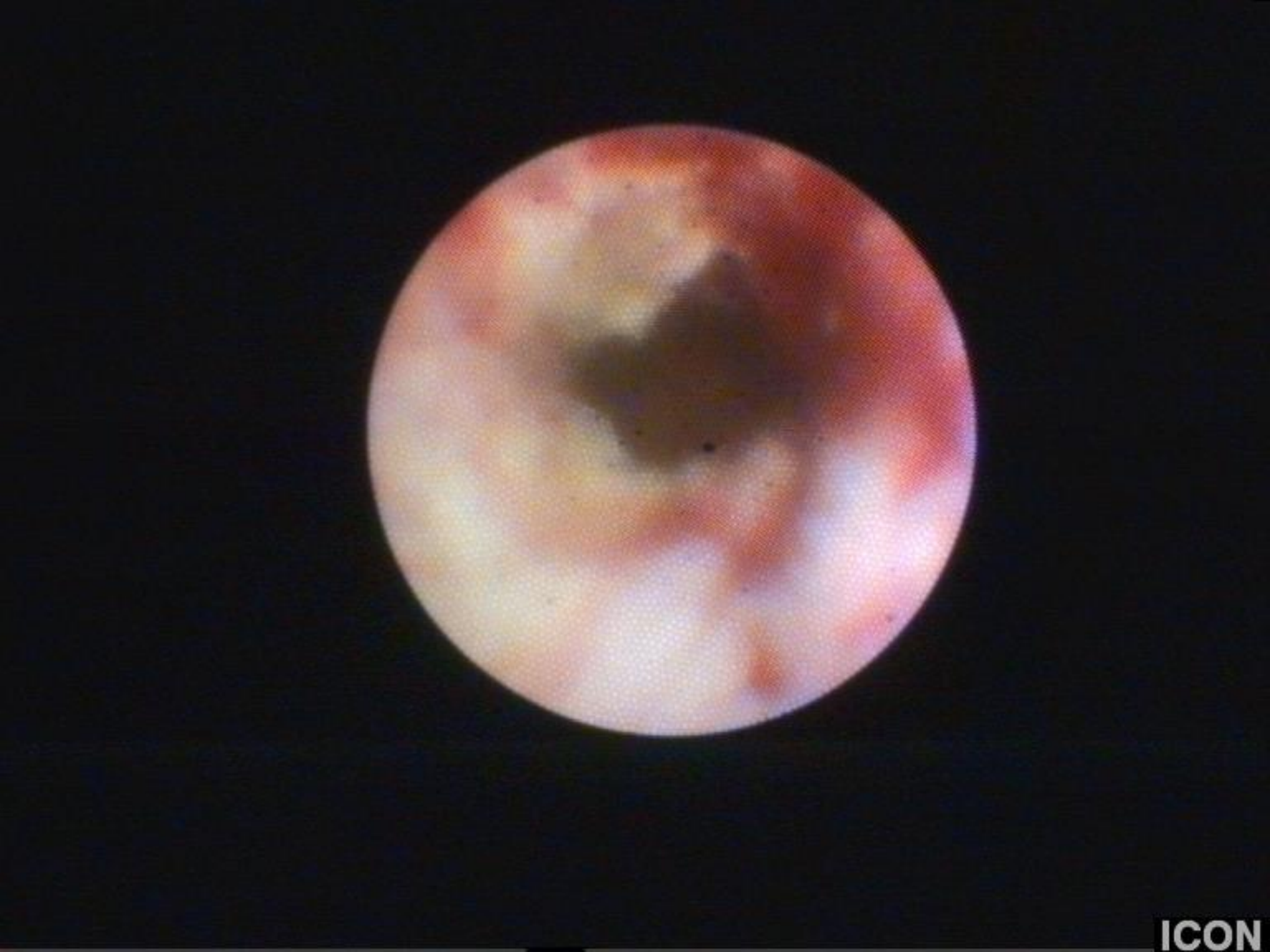
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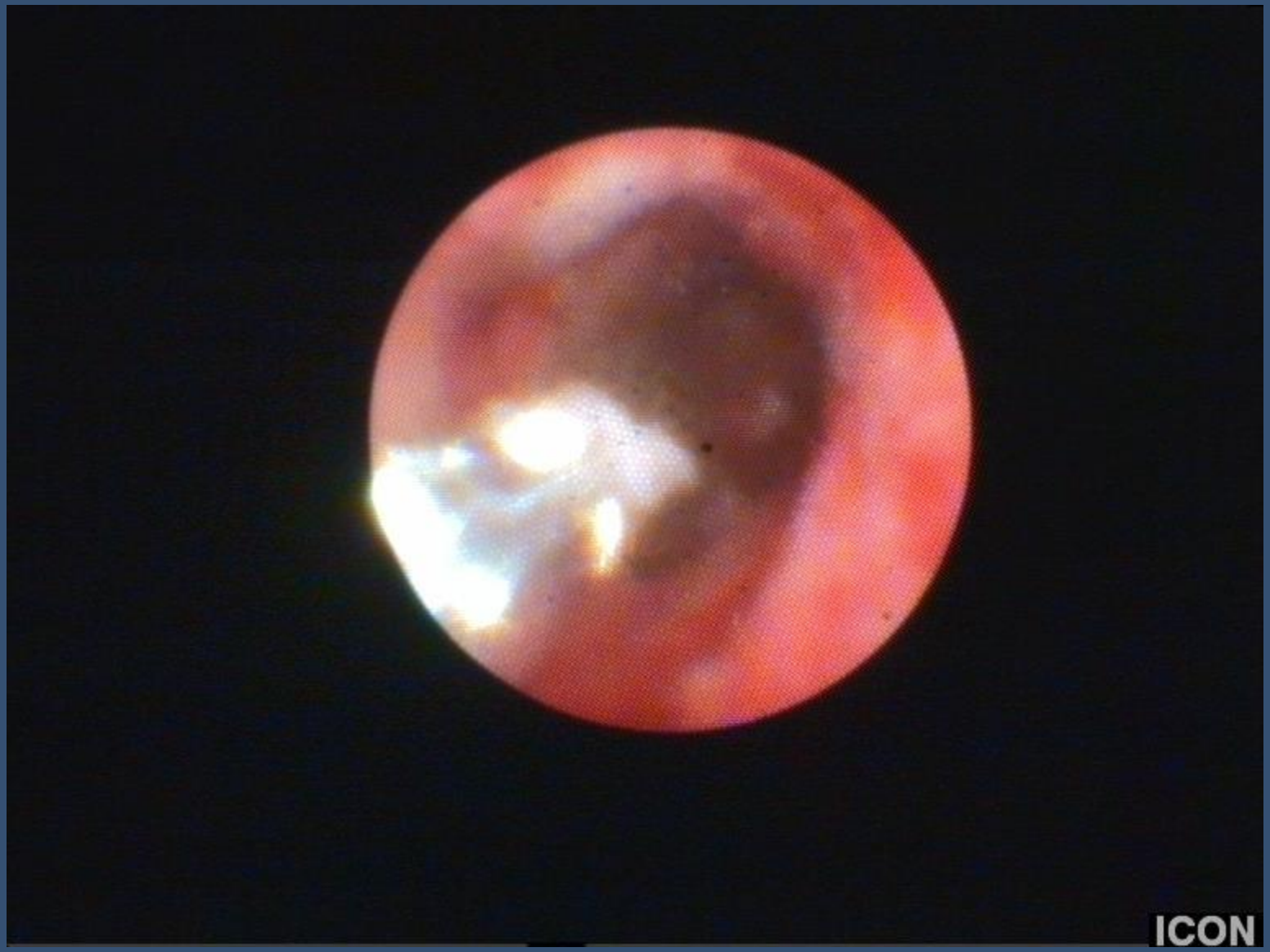
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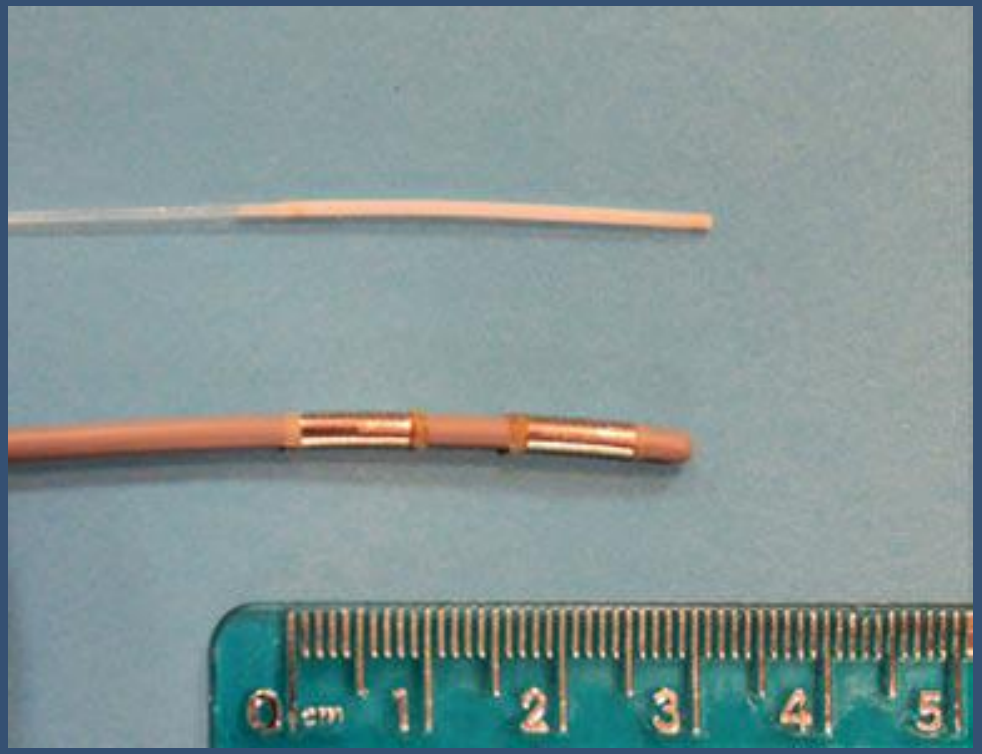
A comparison between endoscopic ultrasound-guided rendezvous and percutaneous biliary drainage after failed ERCP for malignant distal biliary obstruction.

Endosc Int Open. 2016 Sep; 4(9): E980–E985.
Published online 2016 Aug 31. doi: 10.1055/s-0042-112584

Advances in endoscopic retrograde cholangiopancreatography for the treatment of cholangiocarcinoma

Dushant S Uppal, Andrew Y Wang

World J Gastrointest Endosc 2015 June 25; 7(7): 675-687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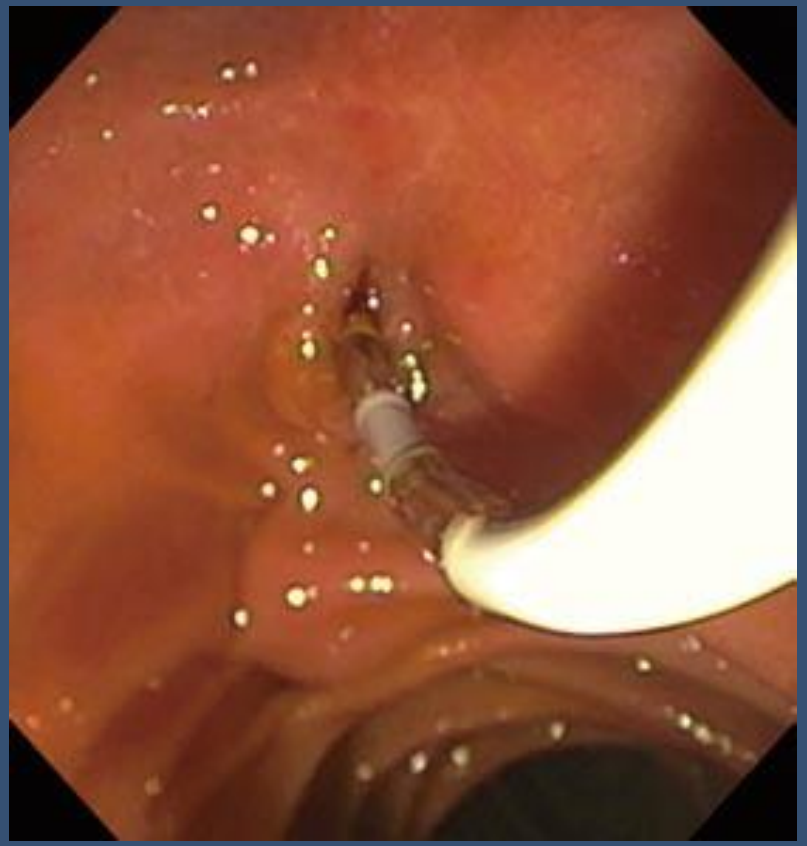


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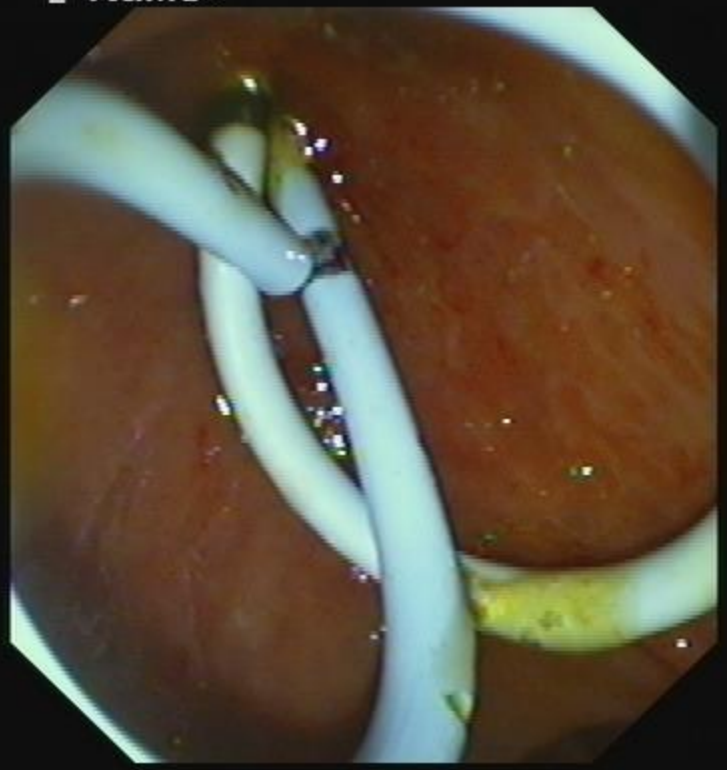

Comment :

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Rate of successful initial biliary decompression was higher in the percutaneous group (92.7%)
as compared with the endoscopically-placed SEMS group (77.3%

Paik WH, Park YS, Hwang JH, Lee SH, Yoon CJ, Kang SG, Lee JK, Ryu JK, Kim YT, Yoon YB.
Palliative treatment with selfexpandable metallic stents in patients with advanced type III or IV hilar cholangiocarcinoma: a percutaneous versus endoscopic approach.
Gastrointest Endosc 2009; 69: 55-62

In general, if
an experienced biliary endoscopist is available who can perform complex ERCP (as treatment of a hilar tumor is considered a level-3-complexity ERCP by American Society for Gastrointestinal Endoscopy guidelines[41]), we suggest attempting biliary decompression via ERCP. If adequate biliary drainage by ERCP is not achieved, then PTBD is an important adjunctive therapy in this patient population that should be pursued. Furthermore, once a PTBD track is mature (which typically requires 3-4 wk), a rendezvous-ERCP procedure can be performed to internalize biliary drainage of a previously inaccessible segment, after which the PTBD catheter can be removed.

Πότε είναι απαραίτητη η PTBD ;

- Απουσία προσβασιμότητας στο φύμα του Vater
- Αδυναμία καθετηριασμού (EUS? Rendezvues?)
- Αδυναμία πρόσβασης σε διατεταμμένα ενδοηπατικά χοληφόρα
- Επί σκιαγράφησης αλλά μη παροχέτευσης τμήματος χοληφόρων κατά την ERCP


ΕΥΧΑΡΙΣΤΩ
ΓΙΑ ΤΗΝ ΠΡΟΣΟΧΗ ΣΑΣ