

中文題目：病例系列報告：膽囊和膽總管結石單一階段內視鏡逆行性膽胰管攝影及膽囊切除
英文題目：Case series report: Single stage endoscopic retrograde cholangiopancreatography and cholecystectomy in patients with gallbladder and common bile duct stone

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Background: Cholecystocholedocholithiasis is usually managed with laparoscopic cholecystectomy (LC) and pre or postoperative endoscopic retrograde cholangiopancreatography (ERCP). However, patient is either at risk of complications from the common bile duct (CBD) stone while awaiting ERCP, or at the risk of ERCP, and the need of two anesthesia. Single stage LC and intraoperative ERCP (SSLCE) in hybrid operating room offers reduced rates of postoperative pancreatitis, reduced length of hospital stay and reduced cost compared with the two-stage approach.

Method: This retrospective study included 36 consecutive patients with gallbladder and/or CBD stone (21 men, 15 women; mean age, 57 years) underwent single-stage ERCP + LC in Taipei Medical University Hospital.

The period for data collection was from November 2020 through December 2021,.

Moreover, the demographic, initial presentations, Anesthesia Society of Anesthesiologists (ASA) class, ERCP image findings and treatment were all retrospectively collected from the medical and anesthesia records.

Result: Technical success rates, complications, and postoperative hospital stay were evaluated.

Technical success was achieved in 35 of 36 (97.2%) patients. One patient with delayed postoperative bleeding that need endoscopic hemostasis. No post ERCP pancreatitis was seen. The mean length hospital stay and postoperative length hospital stay were 9 days (2 to 105 days) and 3.4 days (range from 1 to 8 days).

Conclusion: Single stage LC and ERCP for cholecystocholedocholithiasis removal seems to be a safe and effective method with low complication, reduced length of hospital stay and cost.