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Instrumental Studies Of Acute Biliary Pancreatitis

Farukh MAKHMADOV*, Abdurakhmon ASHUROV, Akbar MURODOV, Davlatmurod SADULLOEV, Fazlidin NAJMUDINOV

Department Of Surgical Diseases №1, Avicenna Tajik State Medical University, TAJIKISTAN

Background : Improving the results of diagnosing acute biliary pancreatitis (BP) using modern instrumental research methods.

Methods : The work is based on the analysis of the diagnostic results of 126 patients with acute BP. The age of the patients ranged from 21 to 82 years. Among the patients, there were 92 (73.0%) women and 34 (27.0%) men. In 5 patients, against the background of choledocholithiasis, stenosis of the major duodenal papilla was diagnosed, in 7 - stricture of the terminal section of the common bile duct, and in 4 - chronic pancreatitis. In 7 patients, endoscopy revealed a strangulated major duodenal papilla (MDP) calculus.

Results : Ultrasound is the main instrumental method for diagnosing acute BP. If necessary, 36 (28.6%) patients underwent endoscopic ultrasonography (EUS). Regarding EUS, we have developed a method for predicting the risk of developing BP. The essence of the method was to identify direct and indirect ultrasonic criteria for BP. Direct signs included: sludge in the choledochus, choledocholithiasis or microcholedocholithiasis, strictures or dilatation of the choledochus (more than 8 mm), indicating biliary hypertension. Indirect: an isolated increase in the head of the pancreas, the presence of echo in the gallbladder and the diameter of the choledochus is more than 5 mm. Out of 36 patients, 33 (91.7%) observations showed the presence of a triad of main signs, in the form of a diameter of the choledochus of 6 mm or more, an increase in the head of the pancreas, the presence of an echo in the gallbladder or the absence of a gallbladder, which indicated BP. With a combination of two direct and one of the indirect signs, it also confirmed the presence of BP in 96% of cases. Endoscopic retrograde cholangiopancreatography (ERCP) was performed in 93 (73.8%) patients, which revealed pathological changes in the major duodenal papilla, common bile and pancreatic ducts. In 18 cases, papillotomy and EPST were performed simultaneously. Given that ERCP is ineffective in the presence of calculi in the common bile duct less than 5 mm in diameter and with sludge, EUS was effectively used in these groups of patients. In 54 (42.8%) cases, magnetic resonance cholangiopancreatography (MRCP) was used, which, in terms of its diagnostic value, corresponds to the methods of direct X-ray cholangiography.

Conclusions : Instrumental research methods such as EUS, ERCP and MRCP are considered the methods of choice in the diagnosis of acute biliary pancreatitis.

Corresponding Author : **Farukh MAKHMADOV** (fimahmadov@gmail.com)