ENDOSCOPIC MANAGEMENT OF COMPLICATIONS FROM RUPTURED HEPATIC HYDATID CYSTS INTO THE BILIARY TRACT

Hassan Seddik

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A retrospective study of 50 patients evaluates endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy for managing hepatic hydatid cysts ruptured into the biliary tract, reporting a 96% success rate.

KEY POINTS

- ERCP with endoscopic biliary sphincterotomy achieved complete bile duct clearance in 96% of patients (46 of 50) with hepatic hydatid cyst fistulized into the biliary tract.
- The study included 50 patients (mean age 46.1 years, 66% male) treated between 2002 and 2021, with ERCP performed preoperatively in 52.2% and postoperatively in 47.8% of cases.
- Main indications were acute cholangitis (44.9%) and persistent external biliary fistula (34%); sphincterotomy was performed in 96% of cases and hydatid material extraction in 87.8%.
- Immediate complications occurred in 8% of patients, comprising one case of hemobilia and three cases of marginal bleeding, with clinical improvement including jaundice resolution within 5 to 10 days.
- The authors conclude that endoscopic management is an effective therapeutic alternative for ruptured hepatic hydatid cysts with low complication rates and favorable long-term outcomes.

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