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Summary

DOMINANT STRICTURE IN PRIMARY SCLEROSING CHOLANGITIS: COMPARISON BETWEEN THE OLD AND NEW DEFINITION

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A prospective cohort study comparing traditional and new definitions of dominant stricture in Primary Sclerosing Cholangitis found that the new definition identifies patients with more symptoms, higher cholestatic enzymes, more advanced bile duct disease, and elevated biliary inflammation markers.

KEY POINTS

- Among 228 PSC patients undergoing 248 ERCs, the new dominant stricture definition (NDS) was detected in 17% of procedures and the traditional definition (TDS) in 25%, with no differences in disease duration, age, or gender between groups.
- Patients meeting NDS criteria had significantly more symptoms (40% versus 2%) and higher median alkaline phosphatase levels (288 U/l versus 94 U/l, $p<0.001$) compared to those meeting TDS criteria.
- NDS patients showed more advanced extrahepatic bile duct disease by Helsinki score (4.1 versus 2.4, $p<0.001$) and higher biliary inflammation markers, with median calprotectin of 57.8 mg/l versus 4.5 mg/l and IL-8 of 17.6 µg/l versus 1.1 µg/l (both $p<0.001$).
- NDS patients required more frequent therapeutic intervention with dilatation (81% versus 60%, $p<0.001$), but no difference in dysplasia rates was observed between the two definitions.
- This study is relevant for hepatologists and gastroenterologists managing PSC patients and considering stricture classification and surveillance strategies.

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