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Summary

SAFETY AND EFFICACY OF ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY IN CIRRHOTIC PATIENTS WITH OBSTRUCTIVE JAUNDICE

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A prospective study of 119 patients found no significant difference in overall ERCP complication rates between cirrhotic and non-cirrhotic patients, though cirrhotics showed delayed bilirubin improvement.

KEY POINTS

- Overall ERCP complication rates were similar between 54 cirrhotic and 65 non-cirrhotic patients (11.1% vs 12.3%, P=0.84), with no significant differences in post-ERCP pancreatitis, bleeding, cholangitis, or perforation.
- Clinical success rates were comparable between groups (79.6% in cirrhotics vs 87.7% in non-cirrhotics, p=0.478), and 30-day mortality, though higher in cirrhotics, did not reach statistical significance (11.5% vs 4.6%, P=0.18).
- Independent predictors of mortality on multivariable analysis were previous variceal bleeding, splenomegaly, ascites, and post-ERCP cholangitis.
- Cirrhotic patients showed significant delay in serum bilirubin improvement compared to non-cirrhotics, which the authors suggest should not be interpreted as procedural failure.
- Most common indication was choledocholithiasis in both groups (70.4% cirrhotics, 53.8% non-cirrhotics).

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