Summary: The rocky road - Treatment standards for biliary stones

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Endoscopy | Hepatobiliary | Surgery

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This summary presentation reviews the diagnosis and management of symptomatic biliary stones, emphasizing risk stratification, timing of intervention within 72 hours ideally, and both surgical and minimally invasive drainage options.

KEY POINTS

- The speaker stated that gallbladder stones are common but asymptomatic in the vast majority, with 1-2% per year developing symptoms such as biliary colic, cholecystitis, cholangitis, or pancreatitis.
- Transabdominal ultrasound is the gold standard imaging modality but misses the distal third of the bile duct; MRI and endoscopic ultrasound are more sensitive and specific when there is doubt.
- Laparoscopic cholecystectomy within 72 hours is ideal for low to moderate risk patients, though international guidelines vary up to one week.
- The speaker stated that percutaneous gallbladder drainage remains very effective and should be considered prime time, while EUS-guided approaches are comparably successful with fewer reinterventions but require specialized expertise not widely available.
- For cholangitis with acute pancreatitis, the speaker recommended ERCP within 24 hours; without pancreatitis, within 48 hours is adequate, and balloon dilatation should be limited to approximately 15mm as Japanese data showed increased mortality at 18-20mm.
- The speaker described cholangioscopy with laser or EHL technology as a great way to crush difficult stones, stating mechanical lithotripsy is rather unnecessary most of the time.

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