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Summary

PORTAL VEIN FLOW BY DOPPLER ULTRASONOGRAPHY AS A PREDICTOR FOR SUCCESSFUL ENDOSCOPIC BILIARY DRAINAGE IN MALIGNANT

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A prospective study of 14 hilar cholangiocarcinoma patients found that successful endoscopic biliary drainage significantly increased portal vein velocity measured by Doppler ultrasonography, with increases correlating with decreased serum bilirubin levels.

KEY POINTS

- Portal vein velocity (Vmax) increased significantly at 1, 3, and 14 days after endoscopic drainage compared to baseline (14.3 cm/s pre-drainage to 16.4, 18.0, and 20.8 cm/s respectively, p<0.001)
- The rate of Vmax increase was significantly higher in patients with successful drainage versus unsuccessful drainage at day 14 (1.6 ± 0.48 vs 1.1 ± 0.13, P=0.03)
- The rate of increased Vmax correlated significantly with the rate of decreased serum bilirubin levels (r^2 = 0.407, P < 0.001)
- The authors propose that Vmax assessment by Doppler ultrasonography may be a useful tool for evaluating the effectiveness of endoscopic biliary drainage in malignant hilar biliary obstruction

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