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Summary

TOTAL BILIRUBIN FOR MALIGNANCY PREDICTION IN BILIARY OBSTRUCTION: A SIMPLE TRIAGE TOOL WITH HIGH DIAGNOSTIC YIELD

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Hepatobiliary

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A retrospective study of 900 patients with biliary obstruction found that serum total bilirubin at a threshold of 104 mg/L distinguished malignant from benign causes with 81.8% sensitivity and 84.7% specificity.

KEY POINTS

- Mean total bilirubin was 201.4 mg/L in the malignant group versus 59.3 mg/L in the benign group, a highly significant difference ($p<0.000001$).
- ROC analysis demonstrated an AUC of 0.88, and the Youden Index identified 104 mg/L as the optimal threshold.
- Above 104 mg/L, the probability of malignancy increased nearly fivefold (OR 4.6; 95% CI 3.5–6.1; $p<0.0001$).
- The benign group comprised 397 common bile duct stones, 21 hydatid cysts with biliary fistula, and 32 benign strictures; the malignant group included 173 pancreatic tumors, 126 cholangiocarcinomas, 93 ampullomas, and 58 metastatic or contiguous invasion cases.
- The authors suggest this threshold could serve as a low-cost triage tool for prioritizing patients in resource-limited settings lacking immediate access to advanced imaging or endoscopy.

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