

Obstructive Jaundice - Tutorial

A 65-year-old patient presented to a medical ward with pruritis and painless jaundice, suspecting drug induced cholestasis. His bilirubin level was 177 mg/dl (36 mg/dl). Direct fraction was 148 mg/dl.

He was later transferred to surgical ward after further evaluation.

- 1) What is the key finding that would have led the transfer of patient to the surgery ward?
- 2) Read and describe specific tools/methods that would have been used for further evaluation before the transfer the patient to a surgical ward.
- 3) During the ward round registrar mentioned that this patients presentation is extremely unlikely to be a stone disease. Do you agree?
- 4) Next day patient developed high fever with chills and blood pressure started dropping. Cholangitis with sepsis was suspected – house officer started intravenous flucloxacillin – comment on this using principles of antibiotic treatment.
- 5) It was decided to decompress the biliary tree. The consultant asked you to look for evidence going though at least 5 articles comparing EBD and ERCP, published in high impact journals.

Prepare a table

Journal	Journal Impact factor	Citations For the article	Key findings in the article

- 6) A medical representative came and met the team to introduce a new stent that can be used for ERCP. You are appointed to the technical evaluation committee. Read and tell whether you are going to recommend the stent to be purchased.

WallFlex™ Biliary RX Fully Covered Stent System RMV

**Now indicated in the U.S. for
for benign biliary strictures
secondary to chronic pancreatitis
with indwell up to 12 months.**

This expanded indication represents a significant clinical milestone in achieving optimal treatment strategies for chronic pancreatitis patients suffering from bile duct strictures. The unique stent design, with an integrated retrieval loop and Permalume™ covering, **allows for removal up to 12 months post-deployment, unlike most plastic stents that may require replacement an average of 5 times per year***.

**Boston
Scientific**
Advancing science for life™



- 7) Eventually patient was found to be having a hilar cholangiocarcinoma. This is the classification system suggested by Henri Bismuth
What do you think is the basis of this classification?

CLASSIFICATION OF HILAR TUMORS

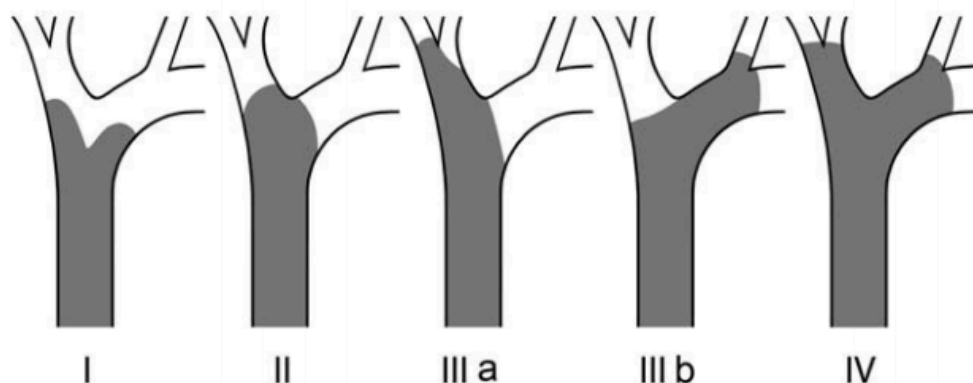


Fig. 1. Original drawing from the Bismuth-Corlette classification (by courtesy of Professor Henri Bismuth, Paris, France).