

Oriental Cholangitis: Surgeon's Point of View

Ammar Alkattan*

Department of Surgery, Damascus Hospital, Damascus, Syria

***Corresponding Author:** Ammar Alkattan, Consultant of HBP and General Surgery, Damascus Hospital, Damascus, Syria.

Received: August 12, 2018; **Published:** September 18, 2018

Oriental cholangitis or recurrent pyogenic cholangitis is a disease characterized by intrabiliary pigment stone formation, resulting in stricturing of the biliary tree and biliary obstruction with recurrent bouts of cholangitis. Various other names have been used since the first description in 1930, including Hong Kong disease, biliary obstruction syndrome of the Chinese, Oriental cholangitis, and Oriental infestational cholangitis [1].

The etiology of recurrent pyogenic cholangitis is unknown, although many theories have been proposed. The observation that the disease occurs mainly in southeast Asia and among the rural, lower socioeconomic population suggests that environmental factors have an important role. The lack of a uniform nomenclature complicates direct comparison of studies.

Oriental cholangitis is a distinct disease, the management of which requires a high level of surgical expertise. Hepaticojejunostomy is recommended as the primary drainage procedure, but hepatectomy should be reserved for complicated Oriental cholangitis [2].

In this article, we raise a concern regarding the short and long-term outcomes of surgery for Oriental cholangitis.

On most east world studies, we found that The median age at presentation was 40 years. Left lobe was solely involved in about 50% of patients. Left hepatectomy was performed (60%) patients who underwent liver resection. Postoperative complications developed in about (30%). Complete stone clearance was possible in 80% of patients after primary surgery. Over a median follow up of 36 months, (> 80%) remained free of stones. Recurrent cholangitis occurred in (10%).

Multivariate analysis found that gender, disease extent (unilobar versus bilobar) and surgery type (Hepaticojejunostomy HCJ alone versus HCJ with hepatectomy) were not associated with increased risk for residual or recurrent stones. A raised preoperative bilirubin level was the only risk factor identified as associated with an increased risk for recurrent stones ($P < 0.001$); it was not associated with an increased risk for residual stones [2].

Form surgeon's point of view, Surgery plays an important role in the management of Oriental cholangitis achieving excellent short and long-term outcomes.

Summary and Recommendations

Oriental cholangitis is a disease characterized by intrabiliary pigment stone formation, resulting in stricturing of the biliary tree and biliary obstruction with recurrent bouts of cholangitis.

Oriental cholangitis is found almost exclusively in people who live or who have lived in Southeast Asia.

The etiology of Oriental cholangitis is unknown, although many theories have been proposed.

Patients typically present with recurrent bouts of cholangitis, characterized by Charcot's triad of right upper quadrant or epigastric pain, fever with or without rigors, and jaundice. Other complications related to passage of biliary stones (such as pancreatitis) have been described.

The diagnosis is established by imaging of the liver and biliary system in patients with a clinically compatible history.

The management of patients with Oriental cholangitis should involve a multidisciplinary approach since endoscopic, surgical, and radiologic interventions may be required. There are two general considerations in the care of patients: treatment of acute complications such as cholangitis, and long-term prevention of complications.

Bibliography

1. Digby K. "Recurrent pyogenic cholangitis". *British Journal of Surgery* 17 (1930): 578.
2. Michael Co., *et al.* "Surgical management of recurrent pyogenic cholangitis: 10 years of experience in a tertiary referral centre in Hong Kong". *HPB (Oxford)* 16.8 (2014): 776-780.

Volume 5 Issue 10 October 2018

©All rights reserved by Ammar Alkattan.