

Biliary tract injury

These injuries are frequently related to surgical inexperience and biliary tract anatomical variations which may be difficult to identify during laparoscopic surgery. Moossa et al. (1992)⁽³⁰⁾, emphasized that the presence of bile duct aberrations does not excuse bile duct injury and that intraoperative diagnosis of anatomical variations of the biliary tract contributes greatly to the safety of cholecystectomy. Many of the biliary injuries following cholecystectomy are not recorded in the reports, so it is difficult to know their true incidence⁽³⁰⁻³³⁾. In many studies it was found that injuries to the CBD have been reported in up to 0.5 percent (usually 0.2- 0.3%) of patient underwent open chole-cystectomy^(34,35), while in laparoscopic cholecystectomy the initial studies was approximately 1%^(36,37), but recently, the overall incidence of laparoscopic bile duct injury was 0.6% (range 0.1-2.9%)⁽³⁸⁾. In this study, laparoscopic cholecystectomy has been associated with bile duct injuries in two cases (1.7%) while none in conventional open method and these injuries are acceptable because they are within the range reported by other studies as mentioned in the previous paragraph.

In conclusion, anomalies of the vascular and ductal components of the extrahepatic biliary tree are common; the former occurring much more frequently than the latter. Inexperience of the surgeon with the anatomical variations and the in availability of the pre- and per- operative cholangiogram were noted as common factors in most of iatrogenic biliary injuries during cholecystectomy. Laparoscopic cholecystectomy was performed in the majority of this patients with acceptable rate of injury (1.7%) because it is within the range reported by other studies (0.1- 2.9%). Open cholecystectomy continues to be a safe and effective means of treating anatomical variations of the extra hepatic biliary tree.

References

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