

Cholangitis

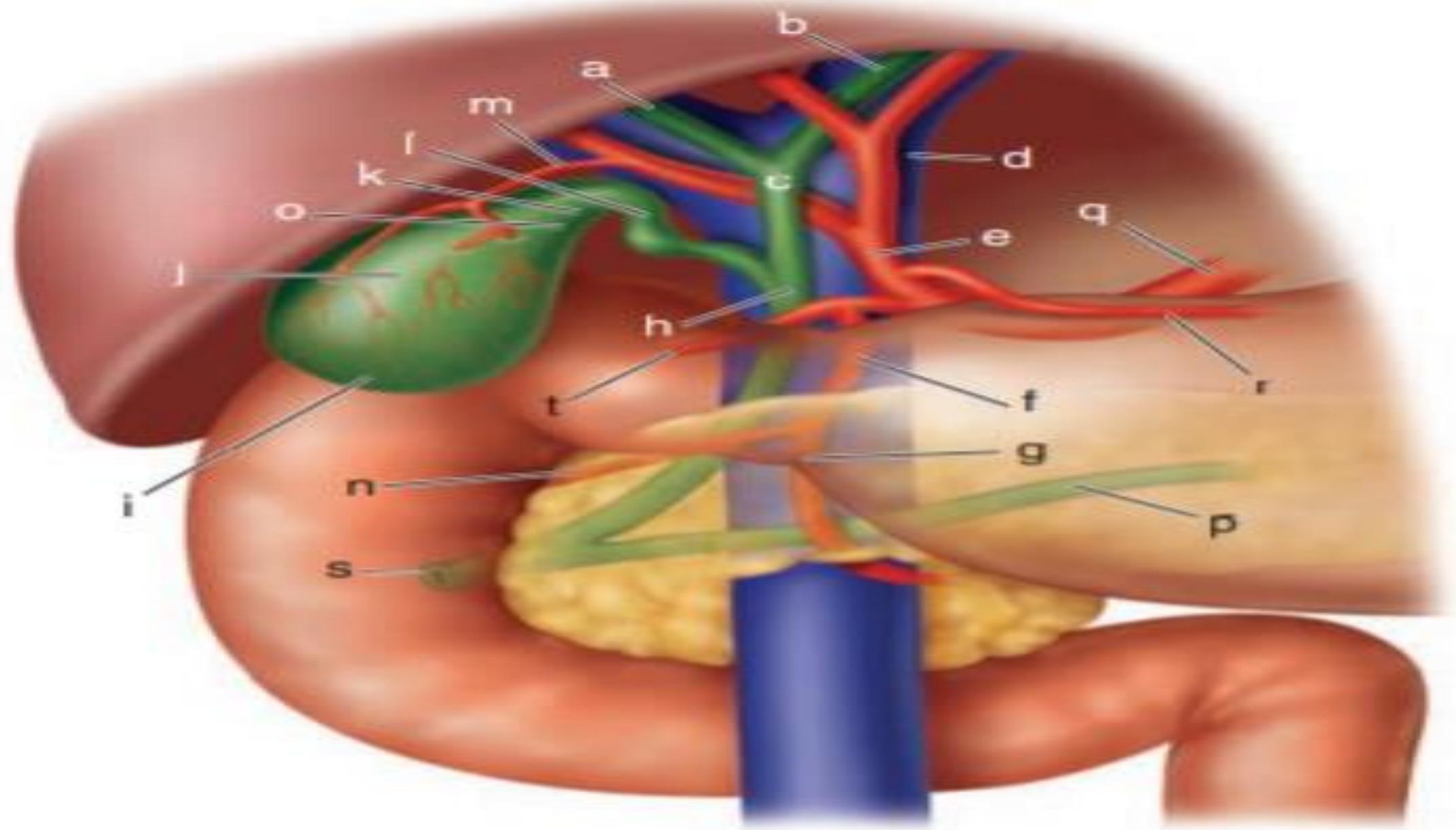


Figure 32-1. Anterior aspect of the biliary anatomy. a = right hepatic

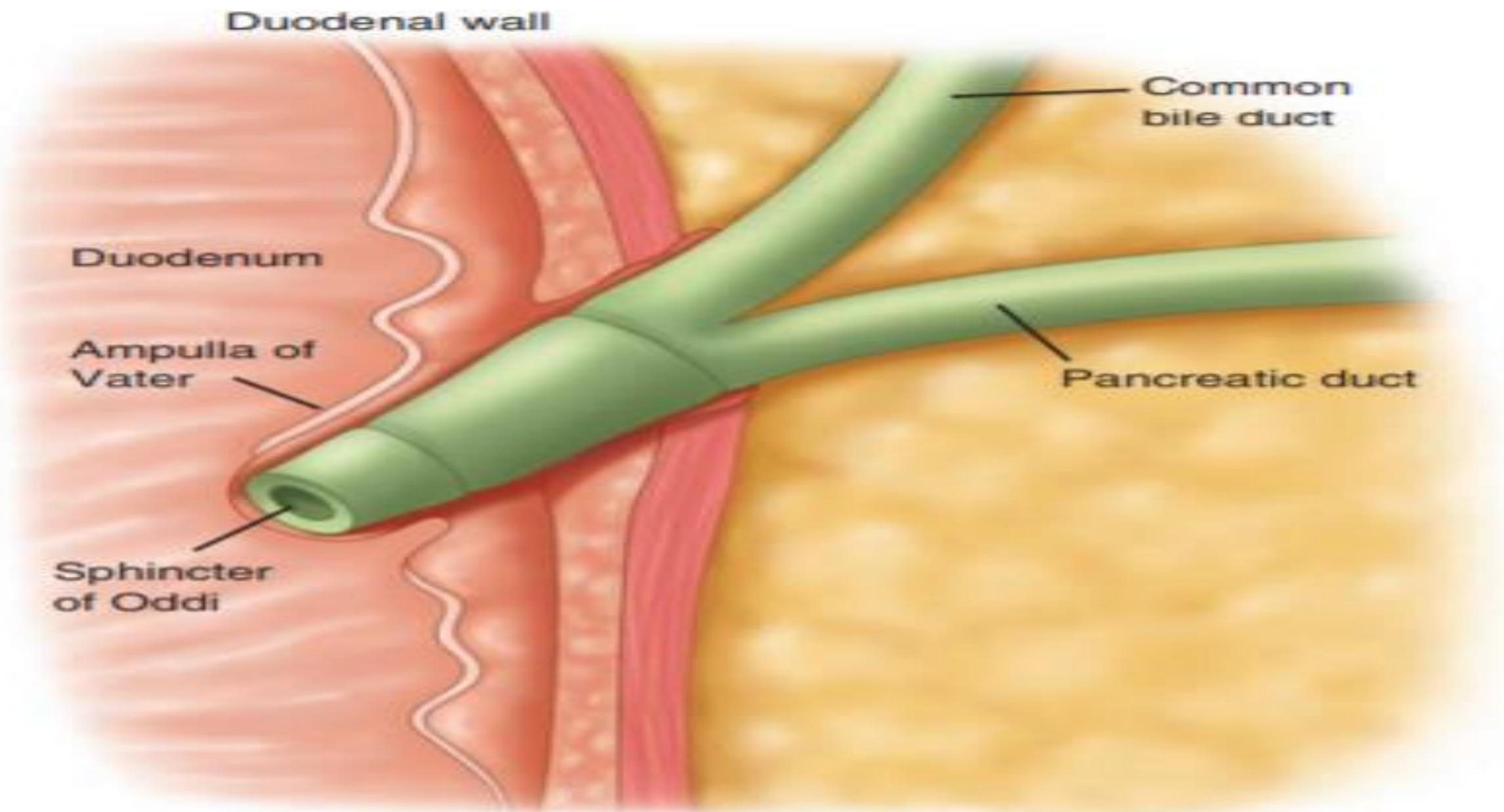


Figure 32-3. The sphincter of Oddi.

Cholangitis is one of the main complications of choledochal stones.

Acute **cholangitis** is an ascending bacterial infection associated with partial or complete obstruction of the bile ducts.⁴³

Clinical Manifestations

- Cholangitis may present as anything from a mild, self-limited episode to a fulminant, potentially life-threatening septicemia.

Patients with gallstone-induced cholangitis are most commonly older and female.

The most common presentation is fever, epigastric or right upper quadrant pain, and jaundice

Patients with indwelling stents are at particularly high risk for cholangitis, though rarely become jaundiced as a patent stent will prevent the obstruction of bile flow

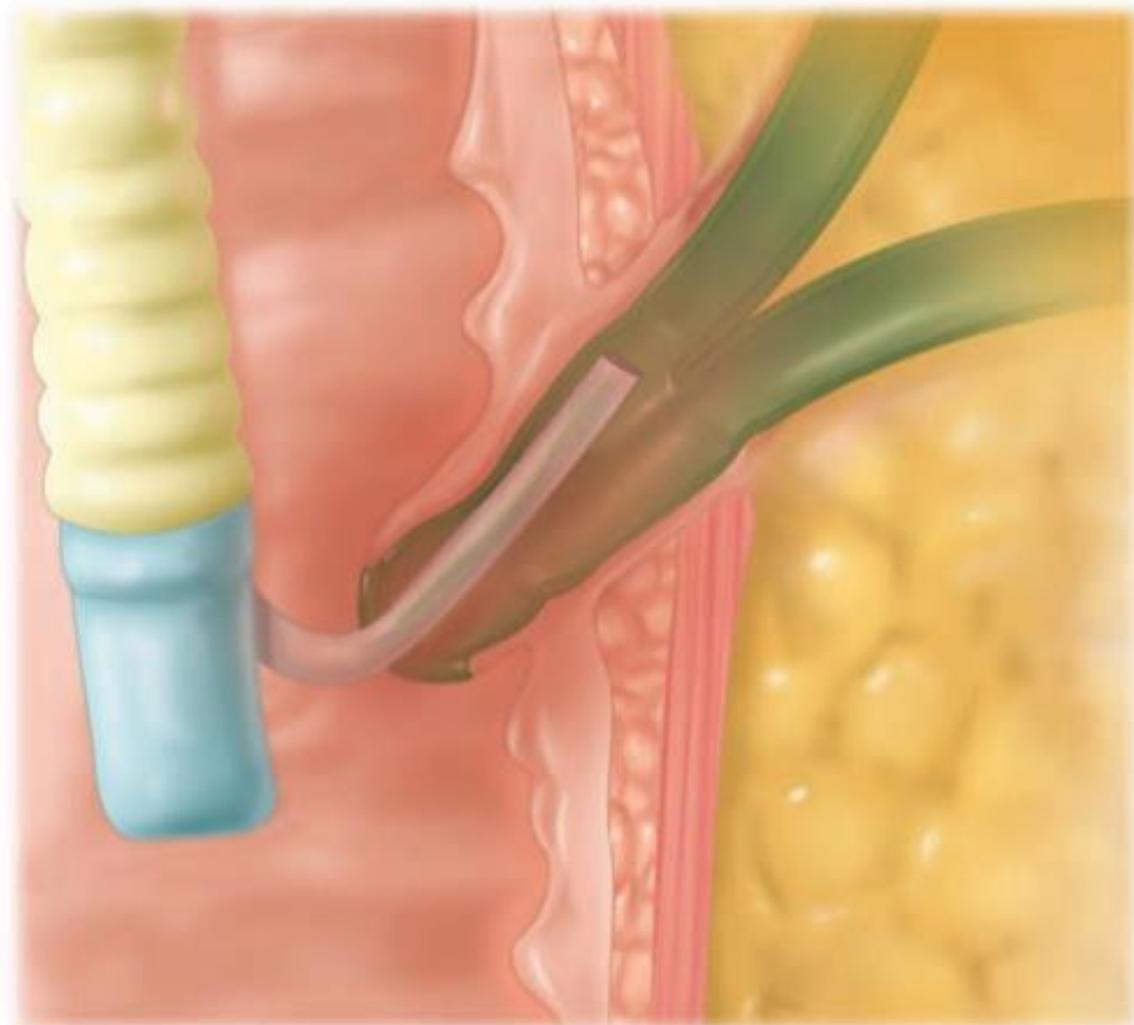
On abdominal examination, the findings are indistinguishable from those of acute cholecystitis.

Diagnosis

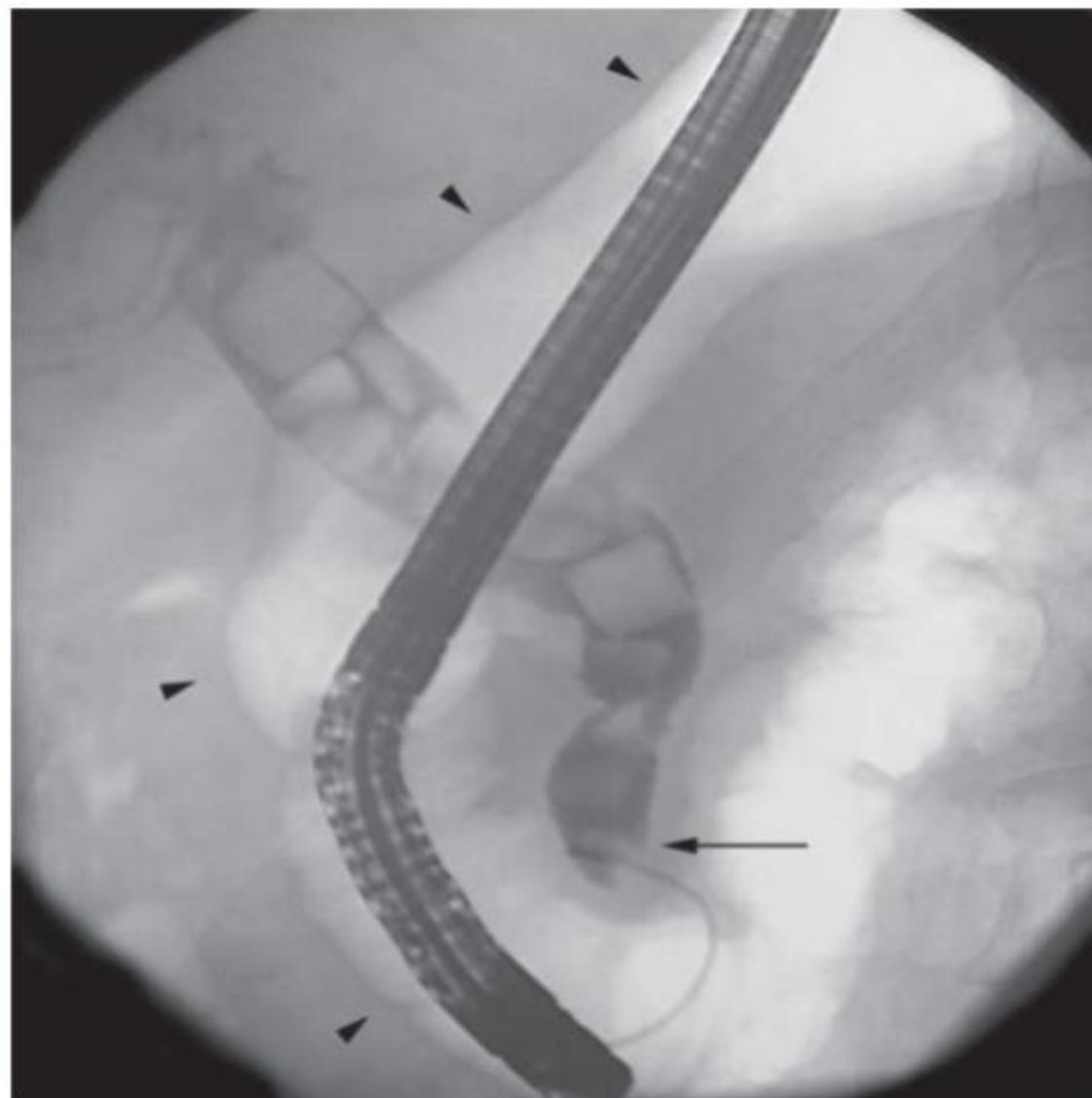
- **Leukocytosis**, hyperbilirubinemia, and elevation of alkaline phosphatase and transaminases are common and, when present, support the clinical diagnosis of cholangitis.
- **Ultrasonography** is helpful, as it will document the presence of gallbladder stones.

Treatment

- The initial treatment of patients with cholangitis includes broad-spectrum IV antibiotics to cover enteric organisms and anaerobes,
- fluid resuscitation, and rapid biliary decompression. This is most often accomplished through ERCP and sphincterotomy.



A



B

Figure 32-10. Endoscopic retrograde cholangiography. **A.** A schematic picture showing the side-viewing endoscope in the duodenum and a catheter in the common bile duct. **B.** An endoscopic cholangiogram showing stones in the common bile duct. The catheter has been placed through the ampulla of Vater into the distal common bile duct (*arrow*). Note the duodenal shadow indicated with *arrowheads*.

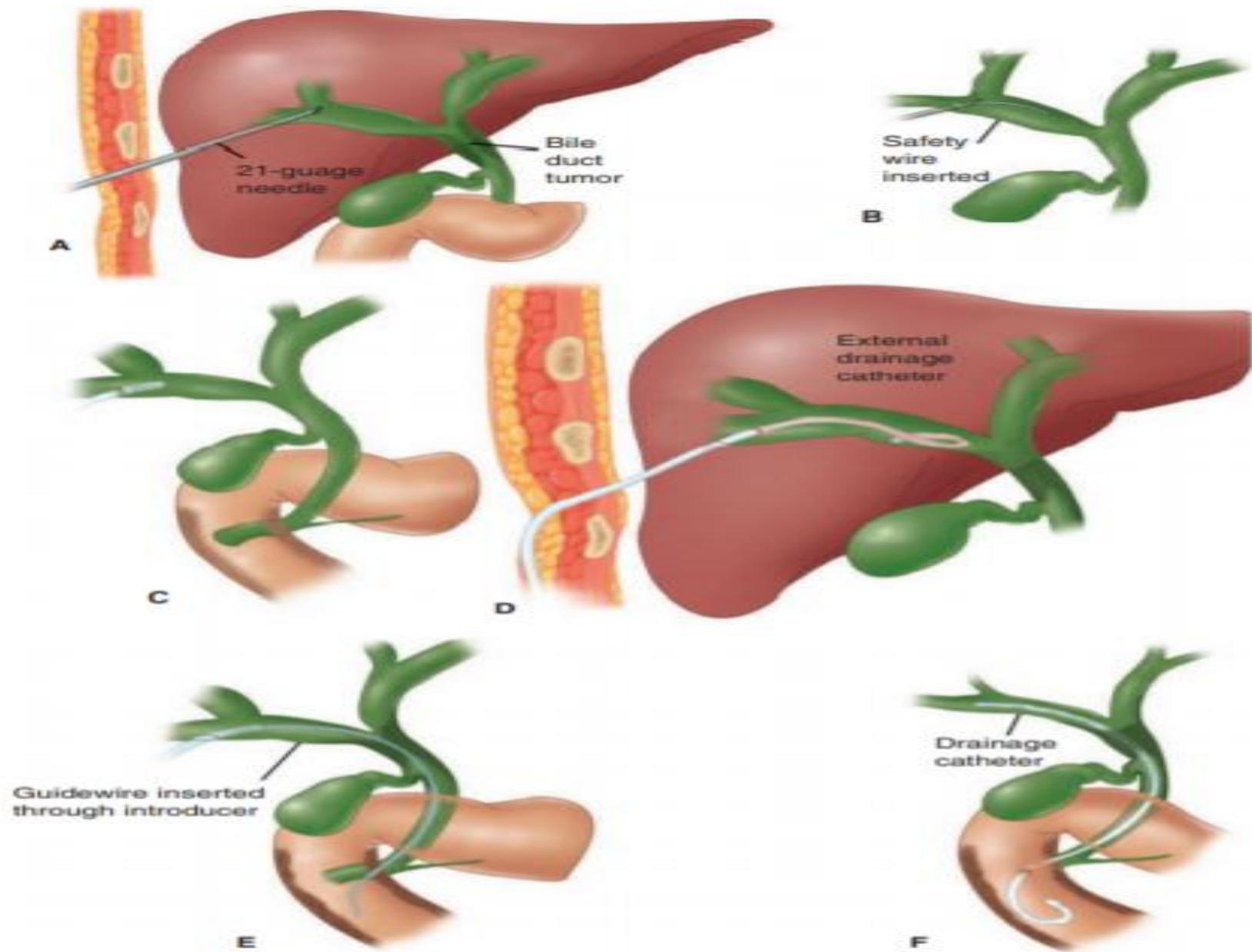


Figure 32-12. Schematic diagram of percutaneous transhepatic cholangiogram and drainage for obstructing proximal cholangiocarcinoma. **A.** Dilated intrahepatic bile duct is entered percutaneously with a fine needle. **B.** Small guidewire is passed through the needle into the duct. **C.** A plastic catheter has been passed over the wire, and the wire is subsequently removed. A cholangiogram can be performed through the catheter. **D.** An external drainage catheter in place. **E.** Long wire placed via the catheter and advanced past the tumor and into the duodenum. **F.** Internal stent has been placed through the tumor.

Cholangiohepatitis

- Cholangiohepatitis, also known as **recurrent pyogenic cholangitis**, is endemic to the Orient.
- It also has been encountered in **Asian** population in the United States, Europe, and Australia.
- It affects both sexes equally and occurs most frequently in the third and fourth decades of life.
- Cholangiohepatitis is caused by bacterial contamination (commonly *E coli*, *Klebsiella* species, *Bacteroides* species, or *Enterococcus faecalis*) of the biliary tree, and often it is associated with biliary parasites such as *Clonorchis sinensis*, *Opisthorchis viverrini*, and *A lumbricoides*.

- Patients with **cholangiohepatitis** usually present with pain in the right upper quadrant or epigastrium, fever, and jaundice.
- **Relapsing symptoms** are one of the most characteristic features of the disease.
- **ERCP** or **MRCP** can be utilized for biliary imaging for cholangiohepatitis.
- The long-term goal of therapy is to extract stones and debris and relieve strictures.
- it may require a hepaticojejunostomy to reestablish biliary–enteric continuity