

ESP offers a quick and safe method of relieving Biliary tract obstruction. A dormia basket can be used to remove stones at the same or a later sitting.

REFERENCE

1. Satoru Sohma and Rikiya Fujita: Significance of Sphincteropylotomy, in T. Takemoto and T. Kasugai- (Eds.) Endoscopic Retrograde Cholangiopancreatography (Tokyo, Igatu-Shoin, 1979) First Edition p. 94 - 108.
2. J.E. Geenen, J.A. Vennes, and S.E. Silvise; Resume of a seminar on Endoscopic Restrograde Sphincterotomy. Gastrointestinal Endoscopy 1981 27: 31-35.

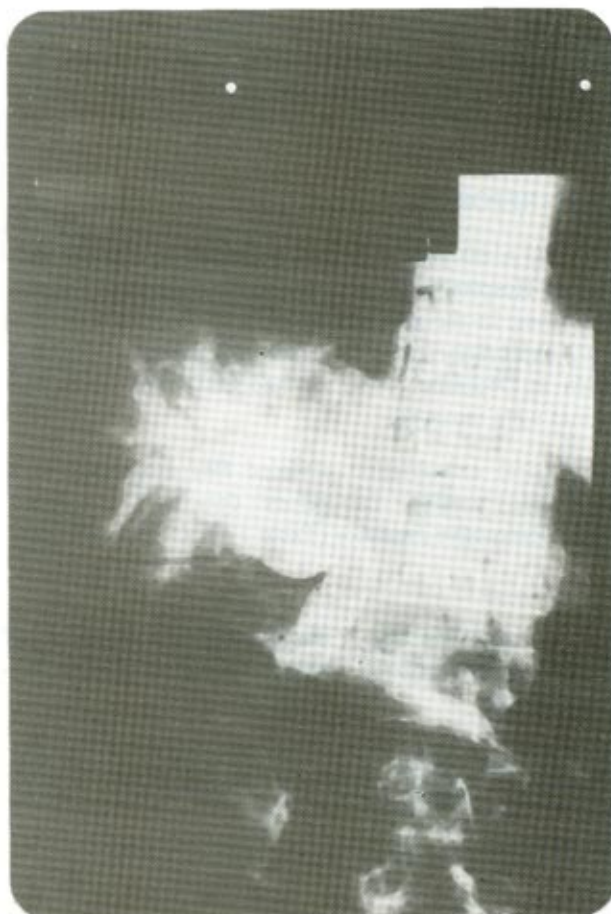
Table 1: Laboratory data

Bilirubin	1.1 to 4.5 to 2.2 mg/dl.
Alk. Phos.	1762 (N-279) units.
SGOT 120 units	SGPT 10, ALB 2.6G.
Amylase	128 P.T. 15/17
Platelets	290,000

has become an acceptable procedure because it carries a much lower morbidity and mortality than open surgery. In this procedure the ampulla of Vater is incised using electro-cautery. The incision is usually 1.5 + 0.5 cm long. ESP, apart from carrying a much lower morbidity and mortality is also more economical.

It is mainly indicated in cases of residual or recurrent biliary tract calculi. Papillary stenosis benign and sometimes malignant can be treated by this method. In acute Obstructive Suppurative Cholangitis and Charcoatis Syndrome emergency drainage can be provided by ESP. In elderly and poor risk patients choledochotomy by this technique preliminary to a cholecystectomy can save operating time (S. Sohma & R. Fujita 1979). Finally in patients who have had a choledochenterostomy, the CBD distal to the enterostomy may act as a sump for debris and infected material giving rise to abdominal pain, fever, etc. This is very effectively relived by ESP (Geenenetal, 1981).²

A review of 1250 such procedure from 21 different centers in the USA revealed an over all complication of 8.7% and mortality of 1.2%. Mortality from open surgical sphincteroplasty is around 5%. The complications in order of frequency were pancreatitis, haemorrhage, cholangitis and perforation. The procedure was successful in 90% of the cases.



Endoscopic Sphinctero Papillotomy

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ABSTRACT:

The first case of Endoscopic Sphincter papillotomy in Pakistan (in a patient with Retained Common Bile duct stones) is presented with a brief review of the subject.

CASE REPORT:

I. D. A 60 year male was admitted to Karachi Adventist Hospital with recurrent abdominal pains, nausea and fever. In the past he had had a cholecystectomy with CBD exploration in 1979. Then in September 1980 and again in December 1980, he had CBD exploration and stones were removed.

Physical examination revealed Hepatomegaly in a Jaundiced patient. Laboratory data was consistent with Obstructive Jaundice (Table 1) I.V. Cholangiogram

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on 5.10.1983 was reported to be WNL. Ba. meal was normal. Ultrasound on 6.11.1983, however did reveal dilated bile ducts with a stone in it.

The patient was seen by us on 8.11.1983. The following day 9th November, ERCP revealed a markedly dilated duct full of stones. (Figures 1 & 2). Endoscopic Sphincter papillotomy was done and a lot of thick and dark bile poured out of the ampulla. The patient did well and was discharged after an uneventful post ESP course. Serum amylase did rise to 400 post ESP but without any symptoms.

At the end of December 1983 the patient was doing very well. Alkaline phosphatase had come down to 478. Recent I.V. Cholangiogram reveals most of the stones have passed out.

COMMENT.

Since 1958 when Hirschowitz opened up a new era of fiberoptic gastro-intestinal endoscopy, great strides have been made in this field. Endoscopic Retrograde Cholangio-pancreatography (ERCP) is the most complicated of these procedures. Endoscopic Sphincter papillotomy (ESP) is the elective surgical extension of ERCP and was first performed in humans by the Japanese in 1973. ESP