유두부암 환자에 있어 내시경적 담즙 배액술의 효과

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Endoscopic Palliative Treatment of Bile Duct Obstruction in Ampullary Cancer

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Background: Ampullary cancer is a relatively uncommon tumor, and causes biliary obstruction. Endoscopic biliary drainage has been considered as a palliative treatment of choice in patients with inoperable ampullary cancer. However, there is no data which stent is superior in patients with inoperable ampullary cancer.

Objective: To compare the efficacy of metallic and plastic stents for biliary obstruction in patient with ampullary cancer.

Patients & Methods: This study included all patients with ampullary cancer diagnosed by radiologic findings (CT and MRCP) and endoscopic finding with biopsy between January 2005 and January 2010. Among 45 patients, 22 patients underwent palliative drainage for ampullary cancer. Uncovered SEMSs were placed in 10 patients and double pigtail plastic stents were placed in 12 patients, respectively.

Results: Clinical success was achieved in all patients (100%) in both groups. The median period of stent patency was 131.5 days in metallic stent group, and 126.5 days in plastic stent group (p=0.665). Stent occlusion occurred 9 (90%) and 8 (67%) patients in metallic and plastic stent groups, respectively (p=0.218). Stent migration occurred 1 (10%) and 3 (25%) patients in metallic and plastic stent groups, respectively (p=0.368). Reintervention rate was 100% and 92% in metallic and plastic stent groups, respectively (p=0.545).

Conclusion: Endoscopic biliary drainage using metallic or plastic stent is effective in patients with obstructive jaundice by ampullary cancer. Although metallic and plastic stent showed similar clinical effect, it seems to be reasonable to choose plastic stent as the first option in patients with ampullary cancer considering cost-effectiveness.

Key Words: Ampullary cancer, Stent, Biliary obstruction

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