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abstracts

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SURGICAL TREATMENT IN INTRAOPERATIVE EVIDENCE OF MIRIZZI'S SYNDROME TYPE I

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Objective: Mirizzi's Syndrome (MS) is a rare complication of inveterate biliary lithiasis (0.5%-1.4%). Its therapeutic standardization is still controversial, although laparoscopic cholecystectomy has become the gold standard approach.
Methods: 416 cholecistectomies were performed from January 2006 to February 2013. 13 patients (3.13%) affected by MS (6 F: 7 M) were divided into 4 groups (Csendes' classification): 7 cases of type 1, 3 of type 2, 1 of type 3 and 2 of type 4.
Results: Type 1 was discovered intraoperatively and treated with laparoscopic subtotal cholecistectomy (LSC). One patient presented biliary leakage, which was solved with sphincterotomy and nasobiliary drainage (NBD). The type 2 and 3 groups with obstructive jaundice were preoperatively submitted to Endoscopic Retrograde Cholangio-Pancreatography (ERCP) and NBD. Two underwent LSC. In one case we converted the procedure to open surgery. 1 female (type 3) with recurrent cholangitis underwent Magnetic Resonance Cholangio-Pancreatography, ERCP and LSC. The type 4 group underwent open biliary reconstruction.
Conclusions: Laparoscopic surgical skill is needed to manage complicated situations as MS. It is desirable to achieve a widespread knowledge of MS to permit a totally endoscopic approach in almost all cases. The discovery of MS type 1 can be managed with LSC. In addition, in patients with MS type 2 and 3, the preoperatively NBD placement could guide the correct identification of the common bile duct.

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