EuroSciCon

6th Annual European Conference on

Gastroenterology

June 19-20, 2018
Paris, France

J Clin Gastroenterol Hepatol 2018, Volume: 2
DOI: 10.21767/2575-7733-C1-003

# ENDOSCOPIC MANAGEMENT OF MALIGNANT BILIARY OBSTRUCTION

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**Most patients with malignant biliary obstruction present with jaundice which is associated with high perioperative morbidity and mortality. Endoscopic management depends on the stage of the disease and location/extension of the stricture. Endoscopic modalities (EUS/ERCP) could contribute to confirmation of malignancy and help to achieve effective biliary drainage. There are different devices available for drainage including plastic stents, self expanding metal stents (SEMS) and nasobiliary catheter. Experts around the world disagree regarding the optimal method as well as type of stents for patients with malignant strictures particularly hilar strictures. The evidence-based approach for resectable distal strictures is to consider stenting with SEMS only if surgery cannot be undertaken within a week. Palliative drainage in patients with short expected survival can be achieved with either plastic or SEMS. In proximal resectable stricture, preoperative drainage should be considered in particular before right hemihepatectomy either by plastic stents or nasobiliary drainage. Endoscopic stenting/drainage should only be undertaken in expert centres taking into account patient's condition, liver tests and imaging findings. Novel endoscopic therapies, including photodynamic therapy and radiofrequency ablation, have emerged as potential adjuvant therapies in the management of malignant biliary strictures but need further long-term evaluation to establish survival benefit. This talk will focus on the current best evidence on endoscopic management for malignant biliary strictures**

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