Palliative Treatment of Obstructive Jaundice in Patients with Carcinoma of the Pancreatic Head or Distal Biliary Tree: Endoscopic Stent Placement vs. Hepaticojejunostomy

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ABSTRACT
Context Palliative procedures play an important role in treatment of malignancies of the pancreatic head/distal biliary tree, as only 20-30% can be cured by surgical resection. Objective We sought to determine if surgical or non-surgical management was the most appropriate therapy for the treatment of obstructive jaundice in the palliative setting. Setting High volume center for pancreatic surgery. Patients Analysis of 342 palliatively treated patients with adenocarcinoma of the pancreatic head or the distal biliary tree. Main outcome measures We studied the outcomes with regard to treatment, complications and survival times. Design Patients were divided into three groups: Group 1: endoscopic bile duct endoprosthesis (n=138, 56%); Group 2: preoperative stenting followed by laparotomy; if patients were found to be unresectable, palliative hepaticojejunostomy was performed (n=68, 28%); Group 3: hepaticojejunostomy without preoperative stenting (n=41, 16%). Also we determined the frequency of rehospitalization for recurrent jaundice. Results 261 (76%) patients showed obstructive jaundice. Mortality of Groups 1, 2, and 3 was 2.2%, 0%, and 2.4%, morbidity was 6.5%, 19.1%, and 14.6%. Mean interval between stent exchanges was 70.8 days. Median survival for patients treated only with endoscopic stent (Group 1) was significantly shorter than that of patients who were first stented and subsequently treated with hepaticojejunostomy (Group 2) (5.1 months vs. 9.4 months). Conclusions Hepaticojejunostomy can be performed with adequate operative result and an acceptable morbidity. Considering that biliary stents could occlude, hepaticojejunostomy may be superior to endoscopic stenting; hepaticojejunostomy should be especially favored in patients whose disease is first found to be unresectable intraoperatively.