

## **A Comparison of Outcomes of Endoscopic Retrograde Cholangiopancreatography vs. Percutaneous Transhepatic Biliary Drainage in the Management of Obstructive Jaundice from Hepatobiliary Tuberculosis: The Philippine General Hospital Experience**

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**Abstract :** Significance: This study aimed to determine the prevalence of Hepatobiliary Tuberculosis (HBTB) with biliary obstruction and to compare the outcomes of ERCP versus PTBD in these patients. Methodology: This is a cross-sectional study involving patients from PGH who underwent biliary drainage from HBTB from January 2009 to June 2014. HBTB was defined as having evidence of TB (culture, smear, PCR, histology) or clinical diagnosis with the triad of jaundice, fever, and calcifications on imaging with other causes of jaundice excluded. The primary outcome was successful drainage and secondary outcomes were mean hospital stay and complications. Simple logistic regression was used to identify factors associated with success of drainage, z-test for two proportions to compare outcomes of ERCP versus PTBD and t-test to compare mean hospital stay post-procedure. Results: There were 441 patients who underwent ERCP and PTBD, 19 fulfilled the inclusion criteria. 11 underwent ERCP while 8 had PTBD. There were more successful cases in PTBD versus ERCP but this was not statistically significant (p-value 0.3615). Factors such as age, gender, location and nature of obstruction, vices, coexisting pulmonary or other extrapulmonary TB and presence of portal hypertension did not affect success rates in these patients. The PTBD group had longer mean hospital stay but this was not significant (p-value 0.1880). There were no complications reported in both groups. Conclusion: HBTB comprises 4.3% of the patients undergoing biliary drainage in PGH. Both ERCP and PTBD are equally safe and effective in the management of biliary obstruction from HBTB.

**Keywords :** cross-sectional, hepatobiliary tuberculosis, obstructive jaundice, endoscopic retrograde cholangiopancreatography, percutaneous transhepatic biliary drainage

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