

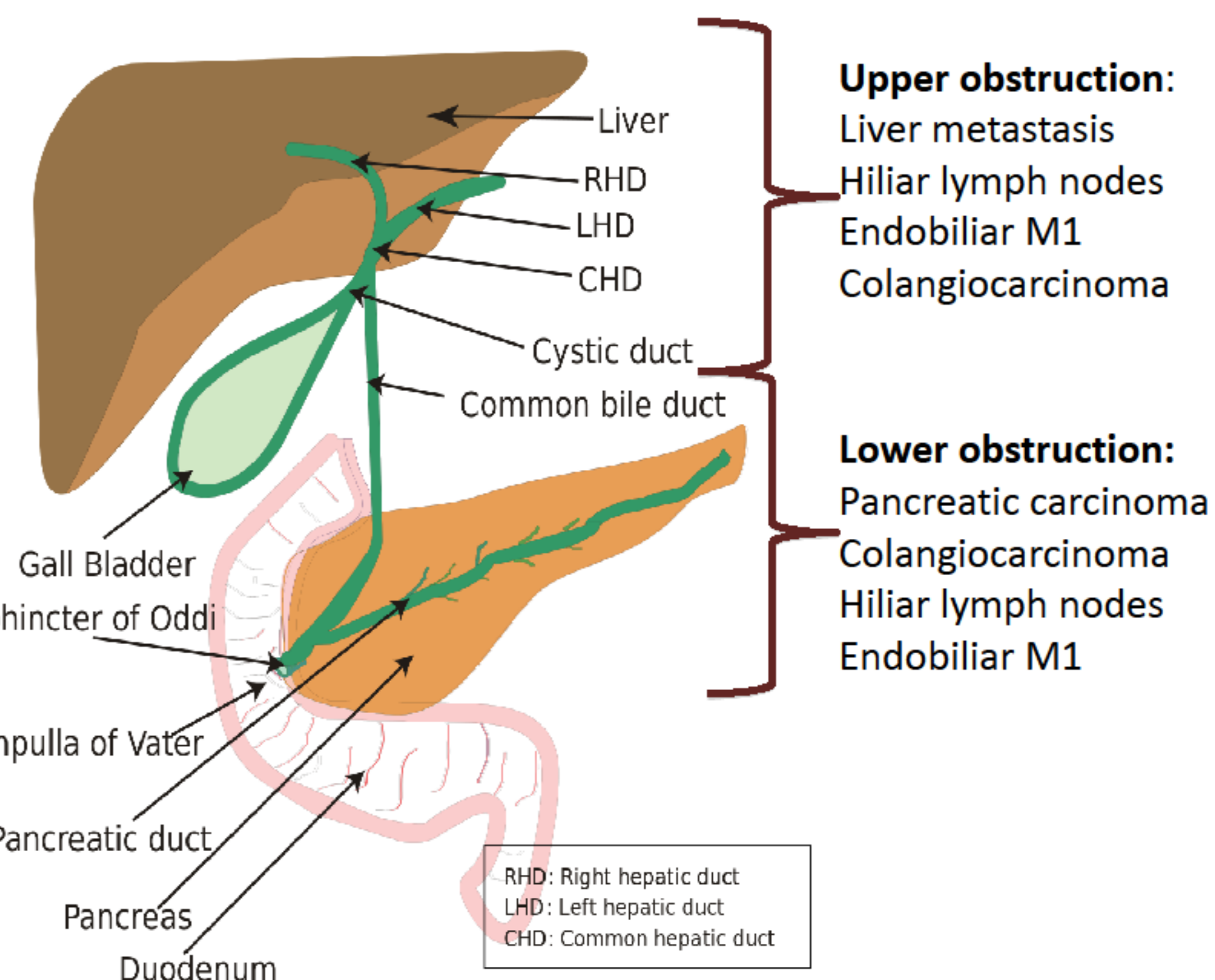
STENTING METASTATIC BILE DUCT OBSTRUCTION (BDO): THE IMPORTANCE OF LIVER FUNCTION PARAMETERS

M.Bergamino, R. Montal, E.Escalante, J. Gornals, M. Galán, V. Navarro, M.Marin

Background

- Malignant biliar obstruction is a common entity that can occur anywhere in the bile duct.
- Causes of BDO can be: primary tumors (colangiocarcinoma, pancreas carcinoma) or metastasis (endobiliar, hepatic or hilar lymph nodes metastasis).
- Symptoms of bile duct obstruction: jaundice, pruritus or pain.

THE PURPOSE OF THIS STUDY WAS TO EVALUATE THE BENEFIT OF STENTING THE BDO CAUSED BY METASTASIS



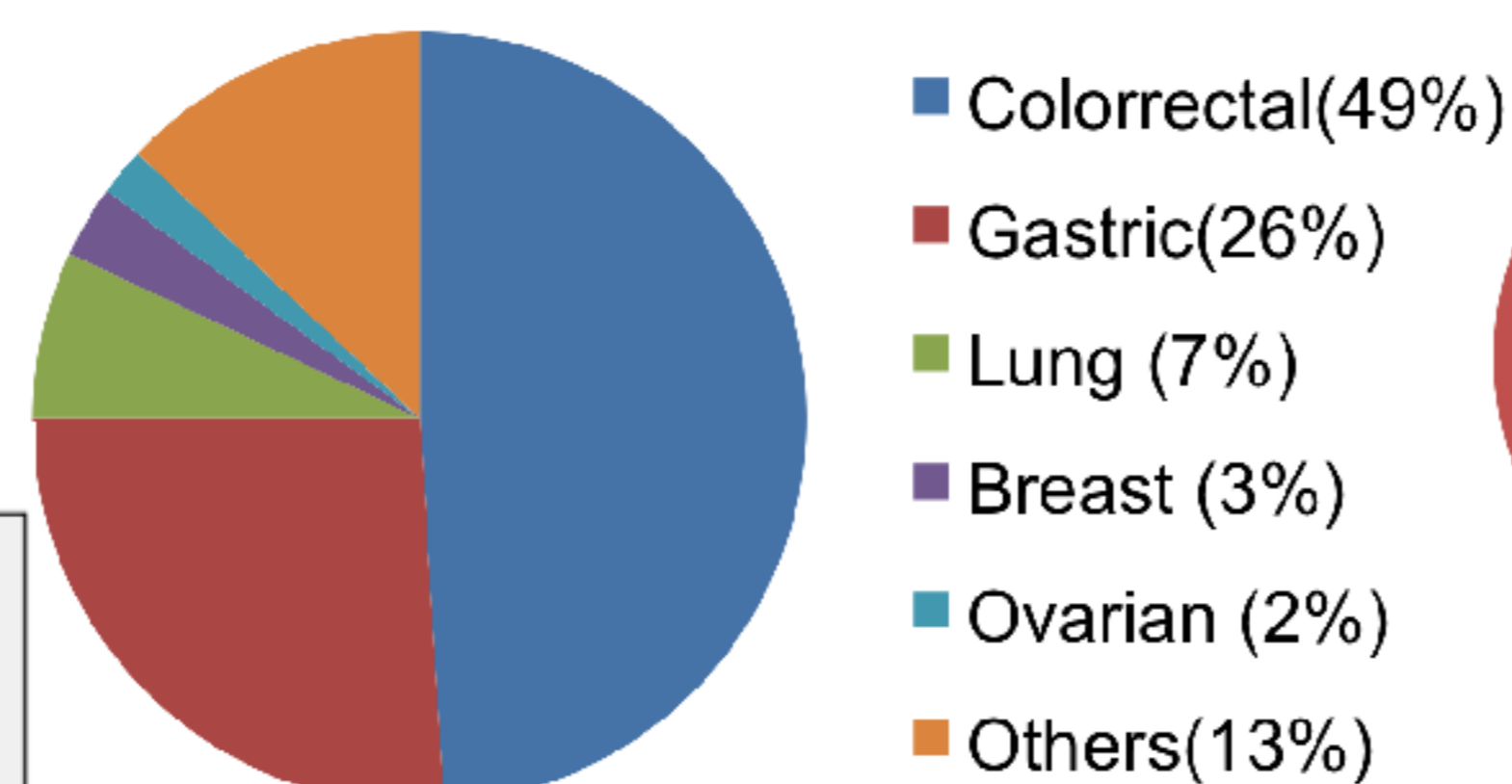
Methods

55 patients who underwent biliary stenting due to a metastatic BDO from 2010 to 2014 in Hospital de Bellvitge – Institut Català d'Oncologia

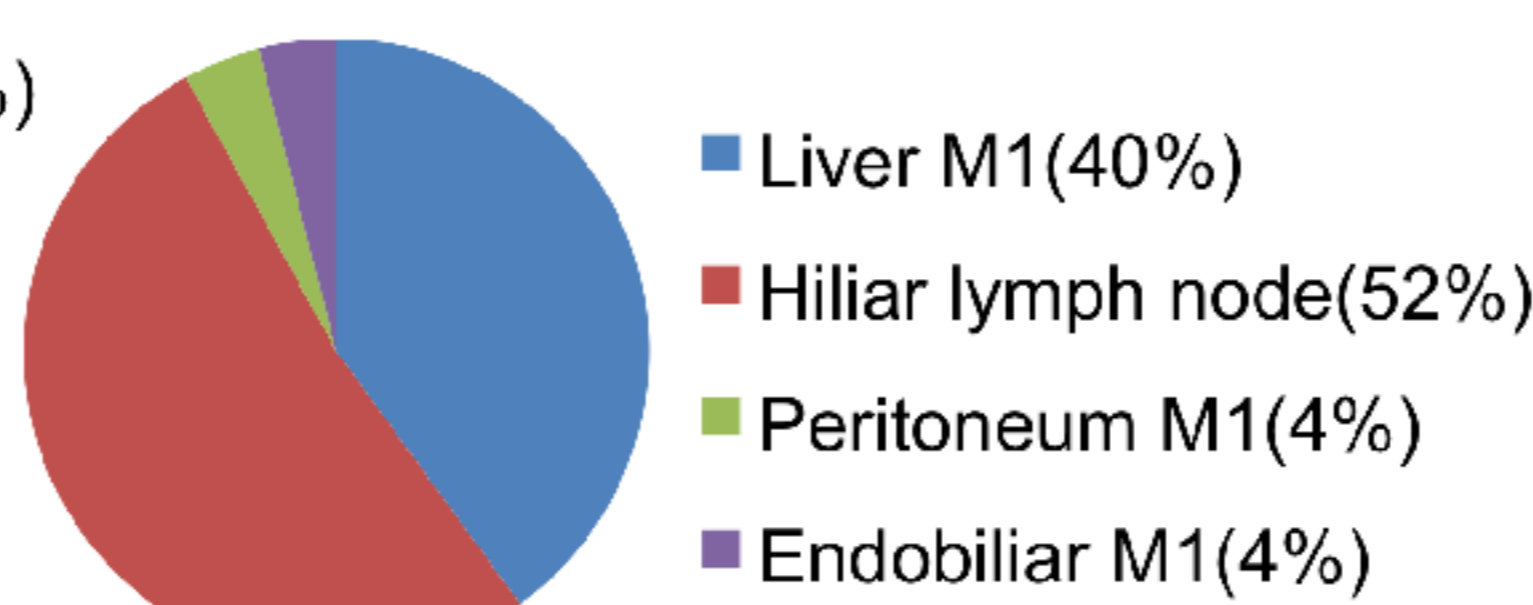
- We analysed:
- Type of primary tumor
 - Performance-Status
 - Blood tests previous and after intervention
 - Burden of the disease
 - Symptoms
 - Types and methods of stenting
 - Causes of obstruction
 - Complications of the procedure
 - If chemotherapy could be done after stenting
 - Dates and causes of death.

Results

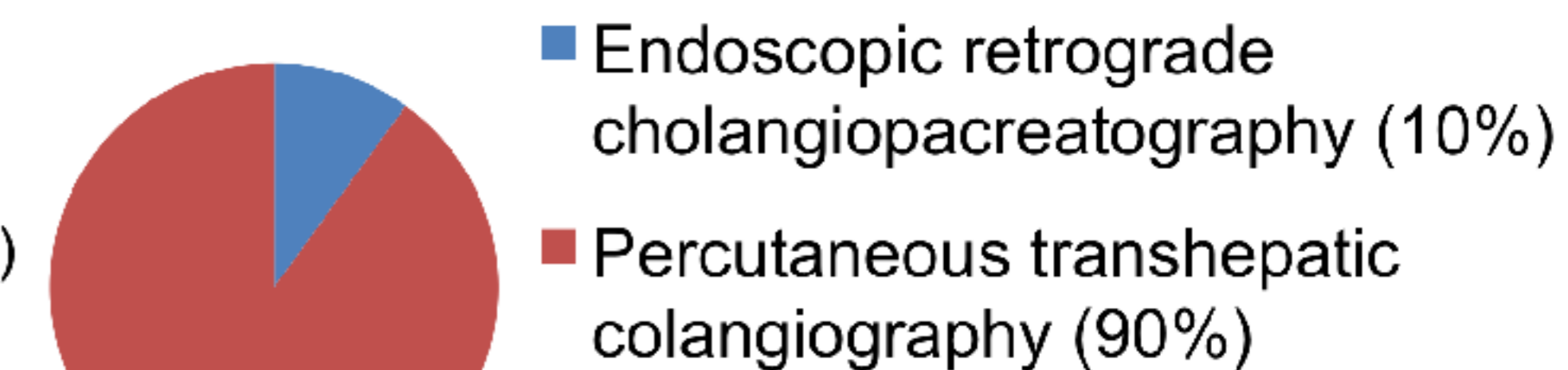
Primary tumor



Cause of obstruction



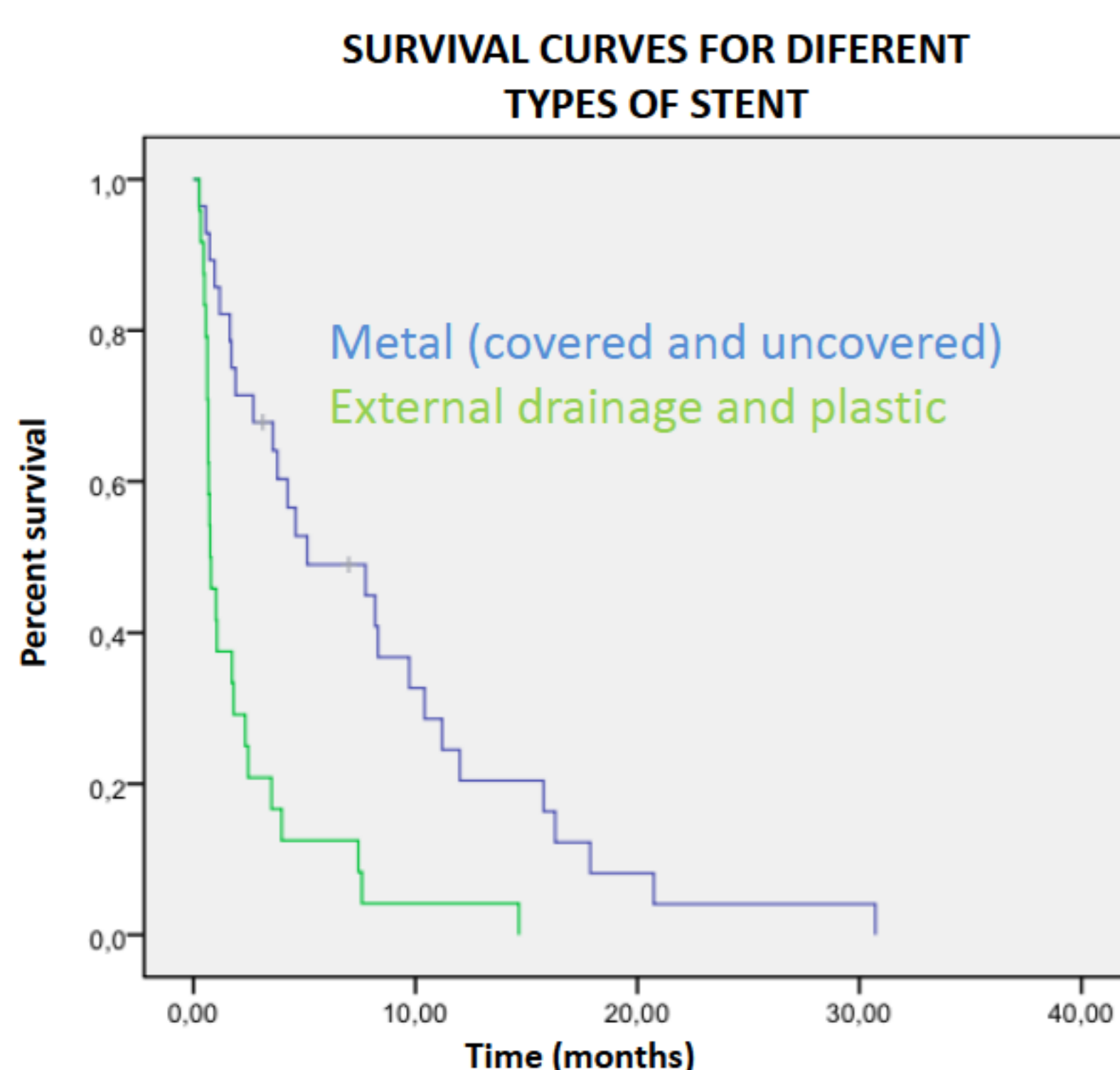
Technique of stenting



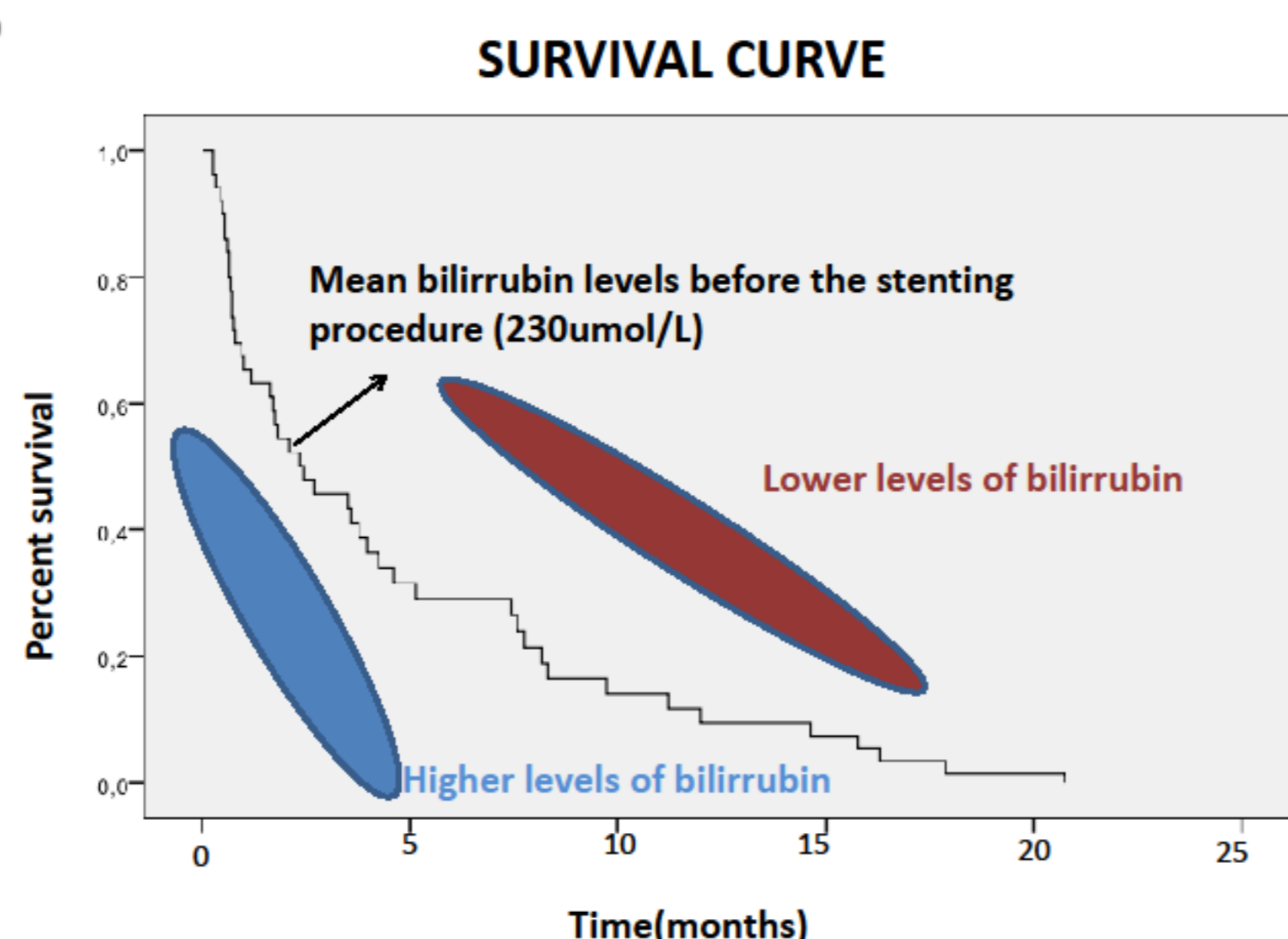
Probably because of the majority of upper obstructions of the bile duct.

During the first two weeks, 5% of patients died and 33% suffered severe complication without differences between methods or types of stent used.

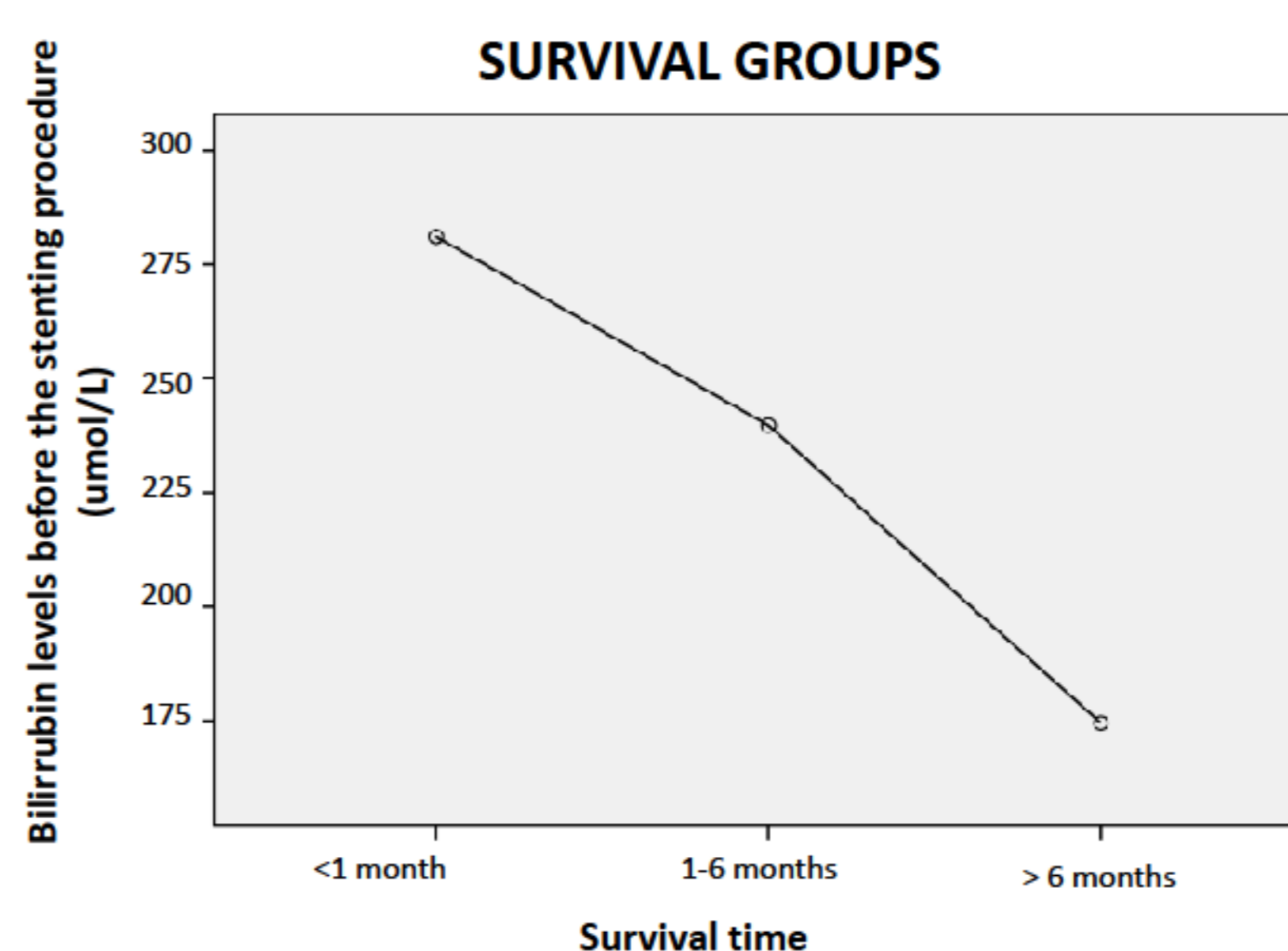
AFTER STENTING BDO: 71% improved jaundice, 78% improved pruritus. Bilirubin levels decreased in 84% of patients. 44% of patients needed re-stenting at some point. **33% of patients were able to receive one or more lines of chemotherapy.** Median overall survival of all patients was 2.3 months (CI 95% 0.5-4.1).



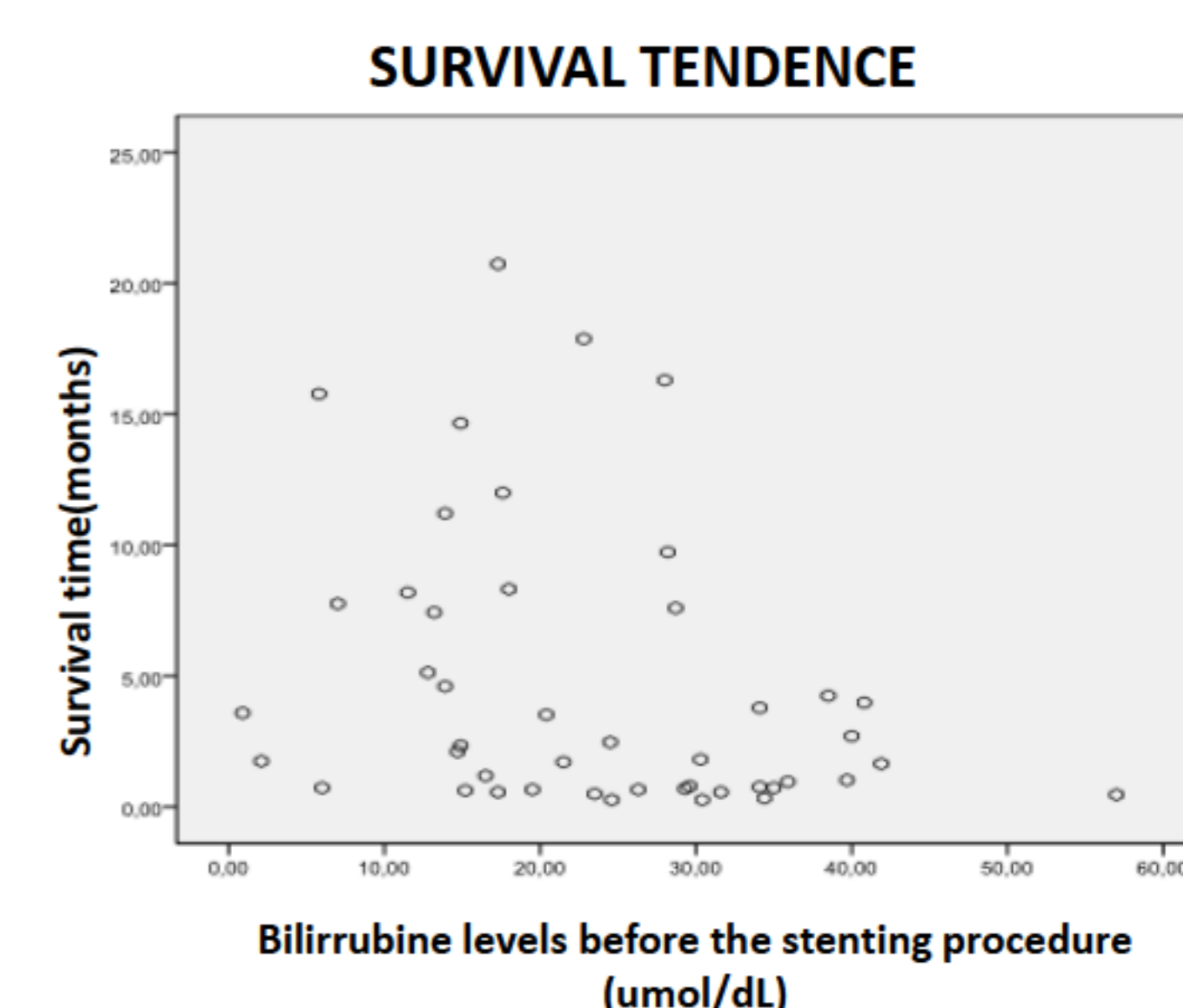
Type of stent used was metal (covered and uncovered) for 54% and plastic or just external drainage for 46%, observing significant differences in survival. (p-value 0,018, HR: 0,50)
PROBABLY DUE TO A PROPER INDICATION



We found significant differences in survival regarding cholestasis parameters before the stenting (p-value: 0,037, HR: 0,032).



When we compared 16 patients that lived less than 1 month with 16 patients that lived more than 5 months we observed that mean prothrombin time, bilirubin (umol/l) and albumin (g/l) were 1.58, 280 and 29 respectively in the group of poor prognosis, compared with 1.06, 177 and 32 respectively in the group of good prognosis.



Conclusions

- The biliary tract drainage improves symptoms and the cholestasis parameters in most of patients with metastatic BDO.
- A high number of patients suffer early and late complications related to this paliative procedure.
- We observed significant differences in survival when comparing the levels of bilirubin and alkaline phosphatase before the bile duct dranaige. Algorithms with liver function parameters before stenting could help the decision-making to perform this invasive procedure in patients that usually have poor survival.
- We recommend not to wait for high levels of cholestasis parameters to dranaige the BDO: better if bilirubine <170umol/L and alkaline phosphatase <10ukat/L, obtaining in those cases survival rates over 3-6 months.

mabergamino@iconcologia.net

