

中文題目：輕中度急性膽管炎併有膽管結石進行一階段內視鏡膽道取石術的適當時機 - 一個前瞻性試驗

英文題目：Optimal Timing of Single-Stage Retrograde Endoscopic Common Bile Duct Stone Removal in Mild and Moderate Acute Cholangitis: A Prospective Trial

作者：方信為，梁志明，邱逸群，盧龍生，吳鎮琨，蘇輝明，黃寶源，馬德齡，郭仲煌，蔡成枝，郭仲謀

服務單位：高雄長庚紀念醫院 胃腸肝膽科系

Background: The 2018 Tokyo guidelines recommend simultaneous CBD stone (≤ 1.2 cm) treatment and biliary drainage could be considered in patients with mild to moderate choledocholithiasis. However, evidence supporting the feasibility of single-stage stone removal in patients with moderate grade acute cholangitis remains insufficient.

Aim: In this study, we aimed to compare the efficacy and safety of removing a single-stage, retrograde, endoscopic common bile duct stone in patients with mild and moderate acute cholangitis associated with choledocholithiasis.

Methods: 196 endoscopic retrograde cholangiopancreatography (ERCP)-naïve patients diagnosed with acute cholangitis and choledocholithiasis between September 2018 and February 2020 were enrolled. For eligible patients, single-stage treatment involved stone removal at initial ERCP. Early ERCP was defined as ERCP performed ≤ 72 hours following diagnosis in the emergency room.

Results: The final analysis included 138 patients. The success rate of complete stone extraction was similar in patients with mild and moderate cholangitis (88.5% vs. 91.7%; $p = 0.536$). Complication rates were also comparable between the two groups. In the moderate cholangitis group, the length of hospitalization declined significantly among patients who underwent early single-stage ERCP (10.6 ± 6.1 vs. 18.7 ± 12.5 days; $p = 0.001$) compared with patients treated with delayed ERCP. In the multivariate analysis, early ERCP indicated shorter hospitalization times (≤ 10 days) (odds ratio (OR), 7.689; $p = 0.030$). A stone size larger than 1.5 cm was an independent risk factor for stone extraction failure (OR, 24.507; $p = 0.009$).

Conclusions: Single-stage retrograde endoscopic CBD stone removal in mild and moderate cholangitis with choledocholithiasis may be safe and effective, especially if the stone ≤ 1.5 cm, which can obviate the requirement for a second ERCP session, thus reducing medical expenses. The benefit of early single-stage ERCP (≤ 72 hours) was reflected mainly by reduced hospitalization time and costs in mild or moderate cholangitis.