

中文題目：對於肝門周圍膽道癌的膽道引流緩和治療:內視鏡與體表膽道引流之比較

英文題目：Biliary drainage for obstructive jaundice caused by palliative perihilar cholangiocarcinoma: the endoscopic versus percutaneous approach

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**Background:** For palliative treatment of the obstructive jaundice associated with unresectable perihilar cholangiocarcinoma (PHC), percutaneous transhepatic biliary drainage (PTBD) or endoscopic retrograde biliary drainage (ERBD) has been performed. Little is known about the better option for patients with obstructive jaundice caused by unresectable PHC. We aim to investigate and compare the outcomes of PTBD and ERBD in the unresectable PHC patients with obstructive jaundice.

**Method:** From January 2013 to Dec 2019, there were 1009 patients diagnosed as cholangiocarcinoma or gall bladder cancer in the cancer registry of Kaohsiung Chang Gung Memorial hospital. There were 61 patients diagnosed as PHC and underwent treatment at our hospital. We excluded the patients who were resectable tumor (N=16), with previous history of hepatectomy or gallbladder surgery (n=5), combination with intrahepatic tumor (N=5), or without any treatment (n=5), or without jaundice (n=5). Twenty three patients had received initial ERBD (n=14) or PTBD (n=9) for the palliative treatment. The rates of successful clinical drainage and procedural, complications were evaluated.

**Result:** The age, gender, infection of chronic hepatitis B or C, tumor stage or Bismuth type were similar between two groups. Univariate analysis revealed that the overall clinical successful drainage was similar between PTBD group (6/9, 66.7%) and the ERBD group (8/14, 57.1%) (P=0.648). However, the PTBD was easy to be dislodged (4/9= 44.4%). The complications rate were similar between PTBD group and ERBD group (Hemorrhage: 11.1% versus 7.1%, p=0.747, cholecystitis: 0% versus 7.1%, p=0.412, cholangitis: 0% versus 7.1%, p=0.412; pancreatitis :0% versus 14.3%, p=0.235.)

**Conclusion:** ERBD and PTBD may be used as the initial treatment option to improve obstructive jaundice in patients with palliative PHC with similar complications. They could be the rescue method for each other if initial drainage approach did not achieve clinical response.