Evaluation of Various Causes and Treatment of Obstructive Jaundice at Liaquat University Hospital

{Original Article (Medicine)}

1. Abdul Ghafoor Dalwani 2. A. Razaque Shaikh 3. Devanand

1. Assoc. Prof. of Surgery, LUM&HS, Jamshoro 2. Prof. of Surgery, LUM&HS, Jamshoro
3. Consultant Surgeon, Isra University Hyderabad

ABSTRACT
Objectives: The purpose of this study is to evaluate various causes of obstructive jaundice and its available treatment modalities in this area.

Study Design: Descriptive study

Place and Duration of Study: This study was conducted at Liaquat University Hospital Hyderabad/Jamshoro from January 2010 to December 2010.

Materials Methods: All the patients above 15 years of both sexes were included in this study having obstructive jaundice diagnosed on the basis of clinical grounds and supported by LFT and ultrasonography. A uniform system of history taking, physical examination, investigation and treatment was adopted for all the patients and information was recorded on the pre-designed proforma.

Results: Comprises 80 cases of obstructive jaundice, average age was 50 years with the female to male ratio 1.5:1. The most common cause was carcinoma of head of pancreas in 27 (33.75%) followed by bile duct stone disease in 24 (33%) cases of carcinoma of gallbladder were in females. Jaundice with weight loss, itching (46%) and mass (28%) were the presenting features in malignant obstruction while pain (83.33%) and fever (25%) was mostly seen in patient with choledocholithiasis. Gallbladder was palpable in malignant obstruction only. Anemia was the common associated problem (60%) especially in malignant cases (83%) only biopsy was preferred in 30 (37.50%) of cases, while choledochoduodenostomy in 14 (17.5%). Postoperative complications were only in 28 (35%) of patients with wound sepsis in 17 (11.25%). The mortality rate was (11.25%). Maximal survival for carcinoma of pancreas was 9 months. The average post operative stay was 12 days.

Conclusion: Cholecystectomy with supraduodenal choledochotomy and T-tube insertion is effective treatment for bile duct stones whereas internal drainage of biliary system is good for advanced malignant cases.

Key Words: Obstructive jaundice, Extra hepatic bile duct obstruction, Etiology and surgical treatment of jaundice
REFERENCES


18. Parks RW, Johnston GW, Rowlands BJ. Surgical biliary bypass for benign and malignant


26. Greig JD, Krukowskiz H. Surgical morbidity and mortality in one hundred and twenty nine

Address for corresponding author:

Dr. Abdul Ghafoor Dalwani

Address: Flat No.307, Block-A
Defance Plaza, Thandi Saradk, Hyderabad

Cell No: 03009372148

Email: surgeondalwani@hotmail.com