

Short Report

Etiological spectrum of extra hepatic biliary obstructive (EHBO) at a tertiary care centre in Northern India

Madhu M P¹, Vivek Agarwal¹, Amit Soni¹, Rupesh Kumar Pokharna¹, Sandeep Nijhawan¹, Garima Sharma², Gyan Prakash Rai¹

Department of Gastroenterology¹
and Pathology²,
SMS Medical College,
Jaipur-302004, India

Correspondence:

Dr. Rupesh Kumar Pokharna
Email: rkpokharna2@rediffmail.com

Extra hepatic biliary obstructive (EHBO) is a common problem encountered in clinical practice. Differentiating benign from malignant is important for further management. Only a few published series are available from India concerning the etiological spectrum. A large prospective study from AIIMS Delhi,¹ over a 10-year period from 1988 to 1997 showed that malignant obstruction was more common than benign (75.3% vs. 24.7%). Carcinoma of the gallbladder (CA GB) and common bile duct (CBD) stone were the most common causes in the malignant and benign categories respectively. In the last two decades, there have been advances in imaging modalities and also laparoscopic cholecystectomies are on the rise. This study was undertaken to document any change in the etiological spectrum of EHBO.

We retrospectively analyzed the hospital records of all patients of EHBO who were admitted to the Department of Gastroenterology, SMS Medical college Jaipur, over a period of 4 years from March 2010 to March 2014. The diagnosis of EHBO was based on clinical presentation (obstructive jaundice, pain or lump abdomen) and imaging (ultrasonography [USG] or contrast enhanced computerized tomography [CECT] or magnetic resonance imaging (MRI) abdomen) studies and was confirmed by a tissue diagnosis (fine needle aspiration cytology (FNAC) either by USG or endoscopic ultrasound (EUS) guided or post surgical histopathology) whenever available.

502 patients were included for final analysis, of which 212 (42.3%) were male and 290 (57.7%) female, with male to female ratio of 1:1.36. The etiology was malignant in 318 (63.3%) cases, whereas 184 (36.6%) had benign cause. Carcinoma of gall bladder was commonest in the malignant, and common bile duct (CBD) stone in the benign group. Table 1 shows the comparison of our findings with the study from Delhi. In contrast to that series, burden of malignant diseases have reduced (63.3% vs. 75.3%), while that of CBD stone are on the rise (29% vs. 12.4%).

Two more small studies are available from northern India. One from Meerut,² comprising 110 patients, reported malignancy in 62.7% and benign causes in 37.2% of cases, with carcinoma pancreas as the most common malignant lesion (33.6%).

Another study of 50 patients from Amritsar,³ has showed malignant lesions in 48% and benign in 52% of cases, with peri-ampullary carcinoma as the commonest malignant obstruction (14%). Both studies documented CBD stone as the commonest benign etiology.

To conclude, the etiological spectrum of EHBO has not changed much in the last two decades. Malignant etiology is still more common than benign with carcinoma of gallbladder accounting for bulk of malignant obstruction in northern part of country, at the same time burden of CBD stone is increasing.

References

- 1 Sharma MP, Ahuja V. Aetiological spectrum of obstructive jaundice and diagnostic ability of ultrasonography clinician's perspective. *Trop Gastroenterol*.1999;**20**:67–9.
- 2 **S Verma, S Sahai. Obstructive Jaundice- Aetiological Spectrum, Clinical, Biochemical And Radiological Evaluation At A Tertiary Care Teaching Hospital. *The Internet Journal of Tropical Medicine*. 2010;**7** Number 2.**
- 3 Singh A, Mann HS, Thukral CL, Singh NR. Diagnostic accuracy of MRCP as Compared to Ultrasound/CT in Patients with Obstructive Jaundice. *Journal of Clinical and Diagnostic Research*. 2014;**8**:103–7.