

What relates to the short-term effectiveness of biliary drainage?

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Biliary drainage is performed as a palliative treatment of hilar cholangiocarcinoma. The reduction of serum bilirubin is usually the hallmark of successful biliary drainage. However, some patients may have persistent jaundice or scanty bile output after biliary drainage.

A research team, led by Dr. Chiung-Yu Chen from National Cheng Kung University retrospectively analyzed the clinical and imaging characteristics of these patients in an attempt to identify the factors related to bile output and reduction of serum bilirubin after percutaneous transhepatic biliary drainage (PTBD).

Their was published on November 7, 2009 in the [World Journal of Gastroenterology](#).

The results showed patients with more bile duct visualized on percutaneous transhepatic cholangiography or absence of multiple liver [metastases](#) on imaging studies had more bile output after biliary drainage [odds ratio (OR): 8.471, $P = 0.010$ and OR: 1.959, $P = 0.022$, respectively]. Patients with prolonged prothrombin time had a slow decrease in serum bilirubin (OR: 0.437, $P = 0.005$). The median survival time was not significantly different in patients with low or high bile output (75 d vs 125 d, $P = 0.573$) or in patients with slow or rapid reduction of serum bilirubin (88 d vs 94 d, $P = 0.576$).

The authors suggested the effectiveness of percutaneous biliary drainage can be properly estimated before the procedure. Patient should be

observed for daily bile output as well as the reduction of serum bilirubin. An initially well functioning biliary drainage does not link to a longer survival of patients and further efforts to maintain biliary patency are required.

More information: Tsai HM, Chuang CH, Lin XZ, Chen CY. Factors relating to the short term effectiveness of percutaneous biliary drainage for hilar cholangiocarcinoma. World J Gastroenterol 2009; 15(41): 5206-5210, www.wjgnet.com/1007-9327/15/5206.asp

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