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1.INTRODUCTION

Jaundice or icterus a generic term used for yellowish discoloration of the skin, mucous membrane or sclera caused by a heterogeneous group of disorders. It is useful to divide the causes of obstructive jaundice into two categories, cholestasis from parenchymal liver disease and mechanical obstruction from a block of the intrahepatic or extrahepatic biliary tract.

Surgical jaundice or Obstructive jaundice occurs due to the intra or extra hepatic obstruction to the biliary flow.

It can present as a problem in diagnosis and management because there is a group of jaundiced patients in whom it is very difficult to distinguish between organic / Structural obstruction and a medical cause of jaundice particularly intrahepatic cholestasis.

Biliary obstruction produces local effects on the bile ducts that lead to derangements of hepatic function and ultimately to widespread systemic effects. •

AIMS & OBJECTIVES:

1. To analyse the incidence of benign and malignant causes for obstructive jaundice in our hospital.
2. To analyse the age and sex distribution.
3. To study various clinical presentations.
4. To evaluate various management modalities.

5. To evaluate the histopathology of resected specimen.

MATERIALS AND METHODS:

The study is to be carried out in Govt .Stanley Medical college Hospital, Chennai .

This is a facility based prospective descriptive study involving all patients with obstructive jaundice.

The relevant data shall be collected by using:

- Detailed history
- Hematological investigations: complete hemogram , liver function tests including serum alkaline phosphatase serum proteins and albumin, blood urea, serum electrolytes.
- Radiological investigations like as USG Abdomen and CECT abdomen scan to find malignancy when required
- MRCP and ERCP to asses pathology of biliary tree .
- Histopathological examination for the patients who underwent surgery
- Follow up of non surgical method s as stenting etc

- All the recorded variables will be tabulated and analysed with multivariate analysis and chi square test

SETTING	:	Govt.Stanley Medical College Chennai-1.
DESIGN OF STUDY	:	FACILITY BASED PROSPECTIVE DESCRIPTIVE STUDY
PERIOD OF STUDY	:	NOVEMBER 2013 TO DECEMBER 2015]

SOFTWARE USED **;** SPSS ver20.0

INCLUSION CRITERIA:

1. All patients with obstructive jaundice due to extra hepatic biliary obstruction as diagnosed by MRCP

and ERCP

EXCLUSION CRITERIA:

1. Patients with obstructive jaundice. due to intra hepatic calculi and stricture 2. Patients with hemolytic and hepatocellular jaundice. 3.Patient aged <20 yrs and >80 yrs of age

SAMPLE SIZE : 50

CONCLUSION

- Most common etiology for obstructive jaundice is due to malignant pathology than benign disease.
- The maximum of age incidence is between 51and 60 years (38%)
- Median age is 52.6 yrs
- Male : Female ratio is 2:3
- There is a significant increase in the incidence of malignant obstructive jaundice

- The most common cause of obstructive jaundice is Periampullary carcinoma followed by Choledocholithiasis
- Periampullary carcinoma was most common in females & most of them in the late fifth and sixth decade of life.
- Choledocholithiasis was also more common in females.
- Carcinoma head of Pancreas was more common in female population .
- Most of the malignant cases Presented in late stages and underwent byepass procedures more than resection
- Among the malignant causes, curative resection (Whipples procedure) was done in 4 patients of Ca Head of Pancreas and

  6 patients of Periampullary carcinoma (20%).
- Most of the patients with Ca head of Pancreas and periampullary carcinoma were locally advanced and treated by Palliative bypass procedure (30%).
- A palliative Cholecystojejunostomy with gastrojejunostomy tops the list of operative procedures

- Chronic calcific pancreatitis forms as predisposing factor for developing carcinoma head of pancreas

- Biliary tract obstruction due to metastasis is not uncommon.
- Palpable Gall bladder (52%) indicates the etiology to be malignant

- USG followed by MRCP/ERCP and CECT scan are the
  - investigation of choice
- Patients with benign pathology had a better outcome and cure Rate
- Patients with carcinoma gall bladder were mostly inoperable, and
  - underwent palliative treatment only
- The preoperative biliary drainage does not have any survival Benefit.
- 100% of patients complained jaundice, weight loss and anorexia.
- Mortality due to palliative procedures was 7% and morbidity patterns of wound infection is 10%,delayed gastric emptying is 6%.
- Median hospital stay for palliative procedures was 16 days.
  - Mortality rate following Whipple's procedure was 7.8%