P88 Percutaneous transhepatic cholangioscopy (PTCS) in management of biliary tract stones: preliminary experience in Tung Wah Hospital

KH Wong, WK Yuen, FCW Lee
Department of Surgery, Tung Wah Hospital, The University of Hong Kong Medical Centre, Hong Kong, China

The aim of this study was to review the results of percutaneous transhepatic cholangioscopy (PTCS) in the treatment of biliary tract stone in Tung Wah Hospital. From September 1997 to May 1998, patients diagnosed to have biliary tract stone and failed therapeutic ERCP procedure, who refused or were not fit for operative management, were referred to radiologist for percutaneous transhepatic biliary drainage (PTBD). After 4 weeks time the PTBD tract was gradually dilated to Fr 16 under sedation. Stone extraction was then performed via the PTBD tract by cholangioscopy. During this period five patients of age range 32 to 83 with mean 67.1 were included. Four had common bile duct stone. One had recurrent pyogenic cholangitis and intrahepatic ductal stones. All patients underwent uneventful PTBD insertion and required 2 to 4 sessions for dilatation of the PTBD tract up to Fr 16. PTCS was performed and all stones were removed either by basket or fragmented by electrohydraulic lithotripsy. Ductal clearance was confirmed in all patients. Total hospital stay ranged from 11 to 17 weeks with mean 14 weeks. No complication was reported. We concluded that percutaneous transhepatic cholangioscopy was a safe treatment option for endoscopically irretrivable biliary tract stones, who otherwise required operative management.

P89 Long-term results of single endoscopic balloon dilatation for achalasia

DWH Lee, ACW Chan, EKW Ng, YH Lam, SKH Wong, J Wu*, CW Lai*, JYW Lau, JJY Sung*, SCS Chung
Departments of Surgery and Medicine*, Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong, China

Aim: We reported our long term results of single endoscopic balloon dilatation for achalasia.

Methods: We retrospectively reviewed patients with achalasia who received endoscopic balloon dilatation (Rigidflex achalasia balloon, Microvasive, USA) during the period from 1989 to 1997. All patients' demographic data, presenting symptoms, treatment received, complications, early and long term follow up were reviewed. Patients who were not followed up at the time of study were evaluated through telephone inquiries. Long term successful rate was assessed using Kaplan-Meier curve with end-point defined as repeat endoscopic treatment or surgery.

Results: Twenty-nine patients (male 12; female 17) with a mean age of 42 years (range 17 to 71) were analyzed. Presenting symptoms included dysphagia (27/29; 93%), regurgitation (20/29; 69%), weight loss (12/29; 41%) and chest pain (8/29; 28%). The median duration of symptoms before treatment was 18 months (range 2-360). All patients underwent the procedure under conscious sedation. There was 1 perforation and the patient was successfully treated conservatively with parental nutrition and intravenous antibiotics. There was no procedure related mortality. Symptom score was significantly improved at 8 to 12 weeks after the procedure ($p<0.0001$). The median follow up period was 24 months (range 2-92). The probability of successful treatment at 3, 6, 12 and 24 months was 93%, 88%, 81% and 77% respectively.

Conclusion: Endoscopic balloon dilatation was an effective treatment for achalasia with minimal morbidity. Long term successful rate was achieved in majority of patients after single dilatation.