

ERCP : Is it Really Safe in Cirrhosis?

Salem Y Mohamed , Emad F Hamed

Internal Medicine Department, Faculty of Medicine, Zagazig University, Egypt

Dear editor

Endoscopic-retrograde-cholangiopancreatography (ERCP) currently has a pivotal importance in management of a wide variety of hepato-pancreatico-biliary disorders. It is a major endoscopic technique that requires not only high volume centres but also highly qualified endoscopic teams [1]. Patients with liver cirrhosis are at increased risk for complications after surgery [2] and probably also after the major endoscopic techniques including the ERCP. That is why the paper published by El-Naggar et al., 2013 in the Afro-Egyptian Journal of Infectious and Endemic Diseases [3] seems interesting; the authors performed several invasive procedures in patients with Child A and B liver cirrhosis and the outcomes were unexpectedly excellent.

Several issues needs elaboration, firstly the randomization in this study was not clear, weather before or after initial cannulation attempts?. It is remarkable that there was no post-ERCP pancreatitis in group A i.e. patients in whom repeated attempts at standard cannulation failed before fistulotomy. It seems that a good number of patients seem to have proximal and distal bile duct strictures ; the etiologies of these bile duct strictures in patients with cirrhosis were not clear?. Did these patients have cholangitis, jaundice, or underlying malignancies? These may have an impact in this category of patients

and would certainly change the outcomes. Lastly the authors did not include patients with Child C cirrhosis, in fact these patients with advanced deterioration of liver functions are not infrequently seen with indications for ERCP and a challenge frequently seen to or not perform ERCP in these patients. The literature is lacking for recommendations based on evidence for ERCP in such situations. Probably, in the future the authors or other investigators may conduct a study to delineate the situation in patients with Child C cirrhosis who are known to have coagulopathy, poor performance status, recurrent hepatic encephalopathy and frequent infectious complications.

References:

1. Adler DG, Baron TH, Davila RE, Egan J, Hirota WK, Leighton JA, et al.. ASGE guideline: the role of ERCP in diseases of the biliary tract and the pancreas. *Gastrointest Endosc.* 2005 Jul;62(1):1-8.
2. Friedman LS. Surgery in the patient with liver disease. *Trans Am Clin Climatol Assoc.* 2010;121:192-205.
3. El-Naggar YA, Radwan MI, Emara MH. Needle-knife Fistulotomy as a Rescue Access of the Common Bile duct in Cirrhotic Patients: Feasibility and Outcome. *Afro-Egypt J Infect Endem Dis* 2013; 3 (4): 135-145.