

## Normokinetic biliary dyskinesia: A novel diagnosis

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**Background:** Biliary dyskinesia diagnosed with CCK-HIDA scan and ejection fraction less than 35% has been successfully treated by laparoscopic cholecystectomy. However, there is a population of patients with symptomatic biliary pain and a normal CCK-HIDA scan that never receive a diagnosis, and thus no definitive treatment. Some of these patients report a reproducible pain during their CCK-HIDA scan. It is hypothesized that these patients with an ejection fraction greater than 35% and reproducible biliary pain during the CCK-HIDA scan will have resolution of pain when treated with cholecystectomy.

**Methods:** A retrospective chart review was completed looking for patients with biliary pain in accordance with the ROME III criteria. Additional inclusion criteria were 1) greater than 18 years of age, 2) reproducible biliary symptoms during the CCK-HIDA scan, and 3) an ejection fraction greater than 35%. Treatment modality was laparoscopic cholecystectomy. Descriptive statistics were performed and data reported as mean  $\pm$  standard deviation and range.

**Results:** Nineteen patients met the inclusion criteria for this study from August 2008 to July 2011. There were 15 women and 4 men with a mean age of  $48.4 \pm 13.0$  years. The mean ejection fraction was  $75.1 \pm 19.4\%$ . The average duration of pre-operative symptoms was  $6.8 \pm 5.9$  months and post-operative follow up was  $21.8 \pm 10.6$  months. Seventeen patients had complete resolution of symptoms, one had partial resolution, and one had no change. There was a complete resolution rate of 89.5% and an improvement rate of 94.7%.

**Conclusion:** We suggest that patients who present with biliary pain and a normal CCK-HIDA scan with an ejection fraction greater than 35% and with reproducible symptoms on infusion of CCK will benefit from cholecystectomy. Currently these patients are excluded from the diagnosis of biliary dyskinesia, and thus treatment. We hypothesize a new diagnosis, normokinetic biliary dyskinesia and recommend cholecystectomy as treatment.

### Biography

Christopher Du Coin is a chief surgery resident in the Department of Surgery at Orlando Health in Orlando, Florida. He holds a joint appointment as a resident instructor in the College of Medicine at the University of Central Florida. He received his medical degree from St. George's School of Medicine and a Master's of Public Health from Tulane University.