

4th International Conference & Exhibition on **Surgery**

October 05-07, 2015 Dubai, UAE

Bile exfoliative cytology– Diagnostic tool in cases of malignant obstructive jaundice

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Background: Bile withdrawn for cytology during ERCP and PTBD is a safe method with no increasing in patient's morbidity, as it is routinely done in patients of malignant obstructive jaundice and allows a diagnostic orientation in many of the patients.

Aim: To analyse the diagnostic value of biliary exfoliative cytology in suspected cases of malignant obstructive jaundice.

Objectives: Histopathology of the tumour/tissue diagnosis which includes FNAC and biopsy is considered gold standard in all patients, bile aspiration cytology results of PTBD and ERCP group, positive for atypical cells/malignant cells will be held in comparison with the same in the end of the study. In patients without tissue diagnosis PET-CT or MRCP + tumour markers are considered as gold standard.

Results: Out of the total 81 patients, there were 43 cases of carcinoma gallbladder, 24 cases of cholangiocarcinoma and 14 cases of periampullary carcinoma. Finally 68 patients were considered in final analysis as 54 cases had tissue diagnosis, ten cases had PET-CT and four cases had MRCP + tumour markers respectively as per our gold standard. 57 patients underwent PTBD and 11 patients had ERCP; following which bile sample was sent for exfoliative cytology. 16/57 patients tested positive for malignant/atypical cells in PTBD group. 9/11 patients tested positive for malignant cells in ERCP group. ERCP samples yielded a sensitivity of 90%; specificity 100%; positive predictive value 100% & Diagnostic accuracy 90%. PTBD samples yielded a sensitivity of 29%; specificity remaining at 100%; positive predictive value 100%; & Diagnostic accuracy 31.57%.

Conclusion: Negative results does not exclude malignant disease, however, if positive, it is considered diagnostic (PPV 100%) and with minimal costs. This becomes more relevant when tumour is either locally advanced or metastatic and a tissue diagnosis is required to start either neo adjuvant or definitive chemotherapy. But the tissue diagnosis along with tumour markers is costly, time consuming and cumbersome for the patients. Henceforth biliary exfoliative cytology really serves the purpose in getting tissue diagnosis which can determine the course of management.

Biography

Jagadeesh K, MBBS, MS (General surgery) has finished his under-graduation at Bangalore Medical College & Research Institute and Post-graduation in Surgery at one of the premiere institutes of India- PGIMER, Chandigarh. He is currently working as Registrar in the Dept. of General surgery & Allied Branches at Indraprastha Apollo Hospital, Delhi. His poster on the Bile cytology has been selected for in XXV National conference of IASGCON-2015.

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