

Case Series of Laproscopic Cholecystectomy in Mirizzi Syndrome

Dr Rohit Kumar, Dr Mrityunjai Kumar, Dr Ankit Kumar

1.Introduction

Mirizzi syndrome is defined as common hepatic duct obstruction caused by extrinsic compression from an impacted stone in cystic duct or infundibulum of gall bladder. Its reported incidence is 0.1% in overall gall stone disease. Historically, biliobiliary fistulae have been referred as "Trap in surgery for cholelithiasis [1] [2], because presence of such a fistula is not recognized until time of surgery.

2.Objective

Series describes our experience of cholecystectomy in type II & III Mirizzi syndrome by laparoscopic method at JLNMCB, Bhagalpur.

3.Methodology

We retrospectively studied 18 patients of Mirizzi syndrome of type II & type III who underwent laparoscopic cholecystectomy from May 2019 –October 2021. Of 18 patients 11 patients were of type II Mirizzi & 7 were of type III. There was also dense adhesion in all cases & subtotal cholecystectomy was done. In 6 patients due to chronic inflammation and fibrosis, fistulous tract was fibrosed and nonvisible for which only subtotal cholecystectomy was done. In rest 12 patients subtotal cholecystectomy with ligation /clipping of gall bladder remnant (fistulous tract with a length of 0.5-1cm length healthy gall bladder cut wall) at gall bladder side was done.

Drains were placed in all 18 cases. Patients were followed for post operative any jaundice, biliary leak/ ascitis/ bilioma and drain amount. Drains were removed at 3rd day. Pt were followed by measurement of serum bilirubin level & USG at 7th & 14th postoperative period.

Inclusion Criteria

Patients undergoing laparoscopic cholecystectomy with Csendes Type II & III Mirizzi syndrome.

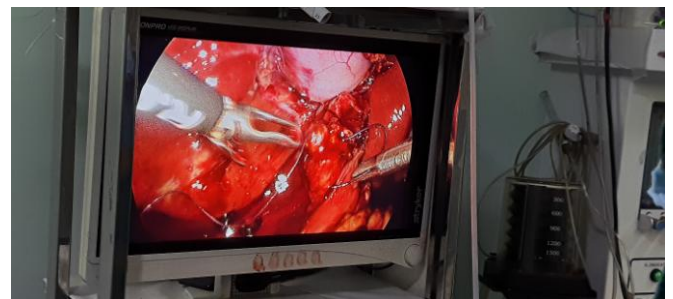
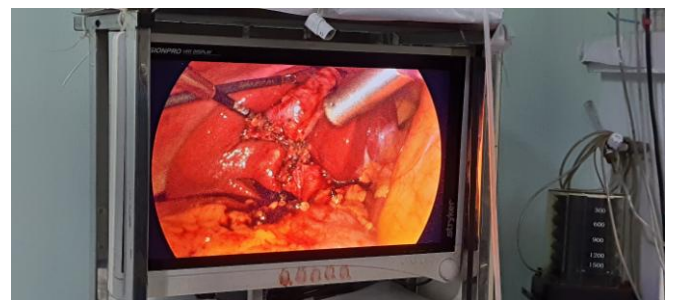
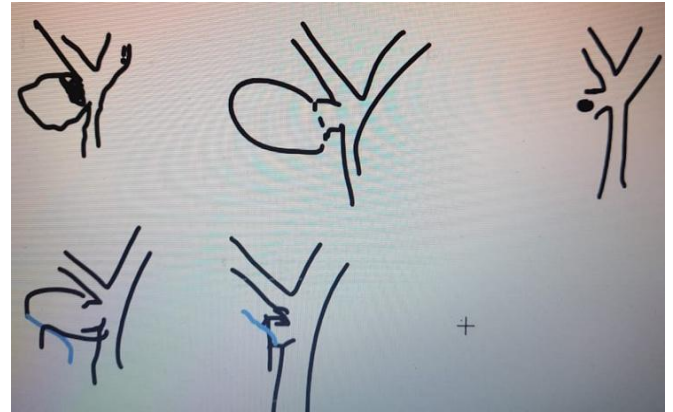
Exclusion criteria

Patients of Csendes Type I, IV & V Mirizzi syndrome.

4.Results

No patients had any significant drain collection. Serum bilirubin level was within normal in all patient at 7th and 14th day. No intraperitoneal collection was present in any patients at 7th and 14th day. Mean bilirubin in operated pt.

on Day 7 was 0.87 and on D14 was 0.81. Mean total drain amount was 8.58ml.



5.Conclusion

From our retrospective case series study, we can conclude that subtotal cholecystectomy in Type II & Type III Mirizzi Syndrome by laparoscopic method with clip /

ligation of fistulous tract at GB side can be done without significant complication.

References

- [1] Corlette MB, Bismuth H: Biliobiliary fistula: A trap in surgery of cholelithiasis, Arch Surg 110:377-383, 1975
- [2] Management of mirizzi syndrome in laparoscopic era, Surg Laprosc Endosc Percutan Tech 10:11-14, 2000