EP03C-008
ROLE TRANSFISTULAR SANATION OF THE GALLBLADDER IN ACUTE CALCULOUS CHOLECYSTITIS IN PATIENTS WITH HIGH OPERATIONAL-ANESTHETIC RISKS

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Aim: Improve treatment outcomes in patients with acute calculous cholecystitis with high operational and anesthetic risk.
Materials and methods: Analyzed group consisted of 30 patients with acute calculous cholecystitis with high operational and anesthetic risk. In the present group of patients were women: 23 (76.6%). The mean age was 72.1 years. All patients were divided into 2 groups. Group I included patients who underwent only cholecystostomy. II group consisted of patients who were treated with a 2-step process.
Treatment results: Of the 7 patients of the first group after hospital discharge, relapse occurred in 4 cases (57.1%). In the second group stage of the treatment I included cholecystostomy and conservative measures (antibiotic therapy, sanitation biliary tract). After drainage of the gallbladder intraoperatively (macrostomy) or puncture (microstomy) after 5−7 days were mandatory fistulography. In TSG has made electrocoagulation of gallbladder mucosa for obliteration of the lumen. In analyzing the results of treatment with TSG during the year, recurrence of acute cholecystitis were observed. A monitoring ultrasound at 12 in place of the gall bladder was defined only linear flat compact structure without echo-free and echo-producing and inclusions, indicative of the obliteration of the gallbladder with the formation of connective tissue in its place and there is no recurrence of stone formation.
Conclusion: Not in one case after TSG not observed recurrence of cholecystitis, which allows us to evaluate the effectiveness of treatment methods in the ACCH in patients with serious underlying medical conditions.

EP03C-009
POSTCHOLECYSTECTOMY BILE DUCT INJURIES: DIAGNOSTICS AND SURGICAL TREATMENT

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Introduction: Bile duct injuries (BDIs) still occur during laparoscopic cholecystectomy. We would like to present our 15 years' experience in the management of BDIs, evaluate our results of treatment.
Methods: Medical records of 67 patients who have experienced BDIs after laparoscopic cholecystectomy were retrospectively reviewed. All injures were classified according to European Association for Endoscopic Surgery ATOM (anatomic, time of detection, mechanism) classification and investigated by manifestation of the injury, surgical repair technique, early and late complications.
Results: In 28 (41,8 %) patients the surgical treatment of BDI was completed with ERCP and stenting, in 14 (20, 1%) cases defect of bile duct was closed by suture, end-to-end ductal anastomosis was performed for 6 (13,4%) patients and hepaticojejunostomy in 19 (28,3%) patients. Morbidity and mortality after surgical repair of bile duct injury according to Clavien Dindo classification was: I - 2 (3%), II - 1 (1,5%), III - 61 (91%) and mortality - V - 4 (6%). We followed up 58 patients (92.1%) of 63. Mean follow-up duration was 25,7±36,7 months. In late postoperative time 23 (39,7%) patients developed bile duct strictures. Therefore, 13 (56,5%) patients underwent restenting or balloon dilatation and 10 (43,5%) patients underwent hepaticojejunostomy.
Conclusions: Endoscopic retrograde cholangiopancreatography (ERCP) is the main diagnostic tool for suspected injuries. Stenting with a covered self-expanding metal stent is a promising method for the patients with partial divisions or strictures of bile ducts. Both hepaticojejunostomy and end-to-end anastomosis showed good results while treating complete divisions of ducts.

EP03C-010
ACUTE CHOLANGITIS IN PATIENTS WITH OBSTRUCTIVE JAUNDICE

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Introduction: Acute cholangitis is common and potentially life-threatening complication of gallstone disease.
Method: 184 patients with benign obstructive jaundice were included. Men - 68 (37 %), women 116 (63 %). The average age was 64,1 + 1,0 years, ranged from 31 to 88. Cardiovascular diseases were the most common comorbidity. All patients underwent surgical treatment.
Results: Acute cholangitis diagnosed in 62 (33,7 %) patients. All patients classified according Tokyo Guidelines 2013 - grade I - 53.3 %, II - 41.9 % and III (severe) - 4.8 %. Recovery of bile duct leads to fast normalization of bilirubin levels, but the activity of AST and ALT remains high. Such changes correlate with morphological findins. With increasing in the duration of jaundice from 7 to 30 days, amount of connective tissue increases from 5.05 ± 0.96 to 11.4 ± 1.39, size of hepatocytes decreases from 66.55 ± 2.07 to 59.55 ± 2.15 that lead to increase of parenchyma-to-stroma ratio from 0.37 ± 0.009 to 0.5 ± 0.012 ($p < 0.05$). Postoperative complications were observed in 16 (15,2%) patients with cholanditis. Grade 1-2 (Clavien-Dindo) - in 13 (12,38 %) patients, Grade 3b - in 3 (2,85 %). Acute pancreatitis and bleeding were the most common complications. E. coli, P. aeruginosa, K. pneumoniae isolated from bile in patients with mild or severe cholangitis.
Conclusions: Cholangitis leads to significant changes in peripheral blood, disturbances of the liver function, subcompensation or decompensation of at least one body system occurs in 46.7 % of patients.

EP03C-012
XANTHOGRANULOMATOUS CHOLECYSTITIS: PSEUDO TUMOR OF GALL BLADDER

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Introduction: Xanthogranulomatous cholecystitis is an uncommon inflammatory disease of gall bladder with