

4th International Webinar on **Clinical Microbiology and Immunology**

October 27, 2021

Management of large bilio-cystic fistulas during conservative surgery for hydatid cyst of the liver

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Introduction: The treatment of large biliocystic fistulas is not unanimous among authors in the absence of consensus or a high level of evidence. There is a controversy over the use of a radical approach which allows the fistula to be sutured in a healthy area or conservative treatment that poses repair issues. The purpose of this study is to compare different conservative techniques to treat large biliocystic fistulas.

Methods: We conducted a retrospective study of 54 patients with large fistulas in the Department of General Surgery at the Habib Bourguiba University Hospital in Sfax over a period of 9 years (2010 - 2018).

Results: Forty-four patients were enrolled in the study. Abdominal ultrasound suggested opening of the bile ducts in 18 cases (47.4%) while computed tomography (CT) scan suggested opening in 28 patients (68.3%). The treatment of fistulas was based on DITFO (internal trans-fistulary drainage) in 18 cases (33.3%), cystobiliary disconnection (PERDROMO) in 11 cases (20.4%) and bipolar drainage in 25 cases. Specific surgical morbidity rate was 31.5% and it was dominated by postoperative biliary fistula in 18.5% of cases. DITFO technique was associated with shorter hospital stay ($p=0.028$) and lower morbidity rates (22.2%) with no statistically significant difference.

Conclusion: DITFO technique is the gold standard technique in the treatment of biliocystic fistula because it is associated with lower morbidity rates and the shortest hospital stay.

Biography

Ayman Trigui is currently working at the Department of general surgery, Habib Bourguiba Hospital 3029, Sfax, Tunisia. Dr. Ayman Trigui has many peer-reviewed publications and reviewed many journals. he is an honorable author for Virology & Mycology. Research interests are Immunology and Mycology, Viral Infectious Diseases.

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