

Meeting abstract

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## Incidence and treatment of acute biliopancreatic diseases in the elderly patients: our experience in 130 cases

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### Background

Acute biliopancreatic diseases occur commonly in the elderly patients, representing a surgical problem. By the age of 70 years, gallstone diseases (cholelithiasis, choledocholithiasis), inflammatory diseases and malignant biliary and pancreatic neoplasms, are the most common disorders of the biliary tree. Co-morbidity increases post-treatment mortality rate. In this epidemiological study, we evaluated incidence of these diseases and their treatment options, in the over seventy years old patients.

### Materials and methods

Between January 2007 and December 2007, in the Emergency Unit, we observed 153 patients (age range 70 – 98 years) with acute biliopancreatic diseases. Out of these, 130 (61 males and 69 females; mean age 82.3) underwent medical treatment, radiological and endoscopic procedures, and surgery. Admission diagnosis were: 58 obstructive jaundice (44.6%), 37 acute pancreatitis (28.5%), 23 cholelithiasis (17.7%), 9 acute cholecystitis (6.9%) and 3 cholangitis (2.3%). Co-morbidity was found in 82%: chronic obstructive pulmonary diseases, ischemic heart disease, diabetes mellitus, hypertension and cerebrovascular accident.

### Results

The final clinical diagnosis were: 74 (56.9%) gallbladder and choledocal lithiasis; 40 (30.8%) acute pancreatitis; 16 (12.3%) malignant neoplasm (8 pancreatic carcinoma, 5

cholangiocellular carcinoma, 2 gallbladder carcinoma and 1 duodenal carcinoma). Patients were approached: in 62 (47.7%) cases by an exclusive medical treatment, in 42 (32.3%) by an endoscopic retrograde cholangiopancreatography (ERCP); in 25 (19.2%) by surgical procedures (18 cholecistectomy, 3 gastrojejunal anastomosis, 2 biliary digestive anastomosis, 1 total pancreatectomy); in one (0.8%) case a percutaneous biliary drainage was placed. 24 patients underwent endoscopic sphincterotomy. Biliary stents were placed in 13 cases. ERCP was unsuccessful in one patient previously treated by Billroth II gastrectomy. Seven patients (5.4%) died for advanced malignancy (4 cases), sepsis (2) and acute myocardial infarction (1).

### Conclusion

The incidence of acute pancreatobiliary diseases in elderly increases with age. Appropriate and integrated medical and surgical treatment reduces mortality risk for lithiasic and flogistic diseases, in those high-risk groups. Mortality is related to malignant evolution (local or distant recurrence) and co-morbidity, for neoplasms. ERCP is accepted as safe, minimally invasive and effective technique for diagnosis and treatment of pancreatobiliary diseases in the elderly.