سامية محمد مصطفى



شبكة المعلومات الحامعية

## بسم الله الرحمن الرحيم



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سامية محمد مصطفي



شبكة العلومات الحامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





سامية محمد مصطفى

شبكة المعلومات الجامعية

## جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

### قسو

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



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تحفظ هذه الأقراص المدمجة يعيدا عن الغيار



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سامية محمد مصطفى

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بالرسالة صفحات لم ترد بالأصل





## ROLE OF ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY IN THE MANAGEMENT OF POST-CHOLECYSTECTOMY COMPLICATIONS

#### Essay

**Submitted FOR Partial Fulfilment** of the Master in General Surgery

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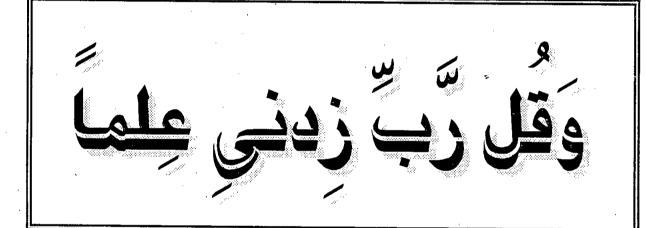
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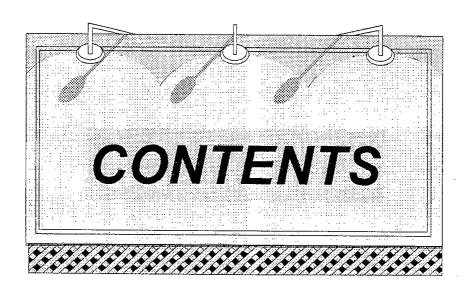
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## بنير المالح الحرالات م



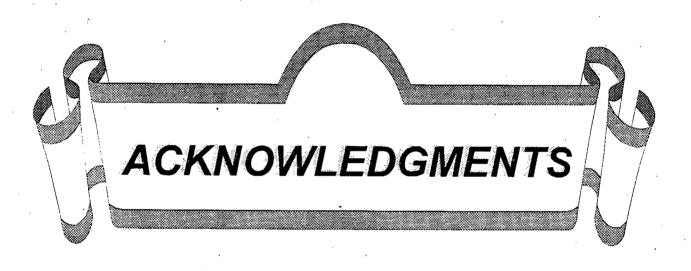
" **صدق الله العطيم**" (( سورة طه .. آية ۱۱٤ ))



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Hassan Ahmed 2000

# INTRODUCTION \*\*

#### INTRODUCTION

Clinical and autopsy records indicate that in many countries gall stones are found in about 10 percent of the adult population (Illingworth and Dick, 1979). In Egypt, gall stones are not uncommon because some infections (typhoid and giardiasis) which are common predispose to cholecystitis and gall stones formation (Hussein, 1992).

Both open cholecystectomy and laparoscopic cholecystectomy are highly safe and effective procedures for the treatment of patients with symptomatic cholelithiasis. Although, major biliary complications still occur and have been more common in the initial experience with laparoscopic cholecystectomy. (Daniel J. Deziel, 1994).

Retained bile duct calculi, leakage of bile and bile duct injury are the main biliary complications of cholecystectomy. (Daniel J. Deziel, 1994).

Historically, surgery has been the mainstay of therapy for iatrogenic biliary injury. This approach is associated with considerable morbidity and a defined mortality. As a result, a variety of non-surgical approaches have evolved to deal with the problem of biliary injury. (Richard A. Kozarek, 1994).

The advent of ERCP and endoscopic papillotomy has dramatically changed the diagnosis and treatment of biliary and pancreatic diseases. Fascination with ERCP and accumulating reports of procedural success led to the widespread dissemination of this new approach in preference to conventional surgery. (H. Neuhaus, 1998).



While it was originally intended for patients with bile duct stones who had previously undergone cholecystectomy or were at high surgical risk, sphincterotomy has now largely replaced open surgical common bile duct exploration, even in young and fit patients. (Freeman, 1997).

Endoscopic management should be considered the procedure of choice for the treatment of postoperative biliary strictures, missed stones, biliary fistulas, gallstone pancreatitis, and acute cholangitis. The past decade has seen the development of many new endoscopic biliary management devices, which now permit non-surgical therapy in situations that were previously not possible. (Smith et al., 1995).



## REVEIW OF LITERATURE