Biliary disease in old age

Nigel Trudgill
Summary

- Benign biliary disease
- ERCP
- Biliary cancer
- PTC
- IgG4 related disease
Abdominal pain

86 year old man

• Alzheimer’s
• Longstanding abdo pain (since at least 2009) with mildly abnormal LFTs but US normal 2013
• Delirium with pyrexia and urinary symptoms 2015
• Bil 33 ALP 334 ALT 163
• US – No GB gallstones CBD 8mm
• Discharged for OPD MRCP
Abdominal pain
Gallstones
Gallstones
Gallstones
Gallstones
Gallstones
Biliary imaging
ERCP in the elderly

- Retrospective study ERCP outcomes
- >80 (n=118) and <80 (n=1195)
- Pancreatitis 4.2% vs. 4.1%
- Bleeding 4.1% vs. 4.3%
- No mortality >80

- Age not a contraindication per se (Riphaus 2008)
What about the gallbladder?

- Retrospective review post-CBD stone clearance with 10 year follow up

- <80 cholecystectomy reduced biliary complications (more CBD stones/cholecystitis) 7.5% versus 21.7% (p<0.005)

- >80 cholecystectomy no impact biliary complications (8.3% vs. 7.4%)

- Cholecystitis rare in >80 4.1% versus 22.6% <80

Yasui 2012
Obstructive jaundice

88 year old man

- Presented with abdo pain, nausea and jaundice 26/7
- NSTEMI, CKD, BPH, hypertension
- Bilirubin 121 Alk phos 710 ALT 252
- US GB stones Dilated intra and extra hepatic ducts
- Discharged with CT arranged and gastro referral
Obstructive jaundice
Biliary cancer
Biliary cancer
Upper GI Cancer MDT

• 14/8
• For PTC but not for chemotherapy
• Gastro outpatients same day
• Diagnosis explained
• Performance status 3
• PTC to improve appetite and nausea (no pruritus despite Bil 454 now)
# Performance status

<table>
<thead>
<tr>
<th>WHO performance status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Fully active, more or less as before illness</td>
</tr>
<tr>
<td>1</td>
<td>Cannot carry out physical work</td>
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<tr>
<td>2</td>
<td>Active &gt;50% day but unable to work /some assistance ADLs</td>
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<tr>
<td>3</td>
<td>Bed or chair &gt;50% day</td>
</tr>
<tr>
<td>4</td>
<td>Bed or chair bound</td>
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Renal and hepatic function also important
Biliary cancer

• PTC 22/8
• Difficult procedure unable to cross lesion
• Bilateral pigtail catheters
• No improvement in symptoms

• Deteriorated despite iv fluid and antibiotics
• SCP and died 29/8
Biliary cancer

- No one at MDT had seen patient

- PTC arranged to treat symptoms other than pruritus

- Last week in hospital rather than at home
Upper GI cancer MDTs

- Improve consistency and quality care
- May deter decision making by clinicians
- MDT may not have had contact with patient
- MDTs can get it wrong
PTC

Hospital Episode Statistics

• 16,363 PTC between 2001 and 2014 for cancer (without later surgery)

• 11.7% over 85

• 15.3% died in hospital after PTC.

• 23.1% died within 30 days of PTC
# PTC Mortality by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>In Hospital Death</th>
<th>7 Day Mortality</th>
<th>30 Day Mortality</th>
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</thead>
<tbody>
<tr>
<td>&lt; 60</td>
<td>7.47%</td>
<td>2.77%</td>
<td>14.00%</td>
</tr>
<tr>
<td>60 - 70</td>
<td>11.60%</td>
<td>3.79%</td>
<td>19.15%</td>
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<tr>
<td>70 - 80</td>
<td>16.10%</td>
<td>5.50%</td>
<td>23.84%</td>
</tr>
<tr>
<td>80 +</td>
<td>23.99%</td>
<td>8.29%</td>
<td>32.99%</td>
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</table>
PTC
Cholangiocarcinoma and chemotherapy

• Cholangiocarcinoma
  – “Response rates” in trials 7-40%
  – No evidence survival benefit
    (Ramirez –merino 2013)

• Pancreatic cancer
  – RR 10-30%
  – Survival benefit 1-4/12
    (NIH 2015)
Abdo pain and abnormal LFTs

• 73 year old woman abdo pain in 2005
• ALT 293 ALP 146 Bil 14

• MRCP
  − GB gallstones
  − No dilatation biliary tree and no stones in CBD

• Lap chole
Intermittent abnormal LFTs

- Referred back by GP 2010
- Two episodes abdo discomfort, dark urine and abnormal LFTs which resolve
- ALT 326 ALP 226 Bil 52
- MRCP
Intermittent abnormal LFTs
Intermittent abnormal LFTs

• CT similar appearances, cyst head pancreas

• EUS – possible tiny stone mid duct

• ERCP – failed, complicated by pancreatitis

• Settled and discharged to GP
Intermittent abnormal LFTs

- Re-referred end 2012 same problem with possible rigors

- Not keen but convinced to have another ERCP
Intermittent abnormal LFTs
Biliary stricture
Biliary stricture
Biliary stricture

Before stent

After stent
IgG4 related disease

Serum IgG4 4.58 (<1.3 normal)
IgG4 related disease

- Well since stent removed with no further symptoms and LFTs normal

- If further symptoms GP asked to prescribe steroids and re-refer
IgG4 related disease

- 75% male; peak 60-70
- Painless obstructive jaundice suggestive pancreatic cancer
- Serum IgG4 increased in 70%
- Tissue IgG4 +ve cells
- Lymphoplasmacytic, storiform fibrosis, obliterative phlebitis
IgG4 related disease

- Exquisitely steroid sensitive
- 50% relapse – maintain

- Exocrine pancreatic insufficiency 53%
- Diabetes 37%
- Cirrhosis 5%
Summary

• ERCP to treat CBD stones well tolerated in the elderly so worth seeking

• Biliary tract cancer jaundice often better left untreated if not severely pruritic

• If a patient with a biliary stricture fails to deteriorate, think about IgG4 related disease