The Immediate Biochemical response after Relieving Large Bile Duct Obstruction

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**Abstract**

Ninety-six patients with large bile duct obstruction were admitted to the surgical ward in the specialized teaching hospital for gastro-enterology and hepatology between January 2002 and March 2004. Each of them was offered a therapeutic procedure (surgical or otherwise), that successfully drained his/her obstructed biliary system. Each of them was assessed clinically and biochemically before and after that therapeutic procedure and the follow-up continued for 10 days to assess the immediate clinical and biochemical responses. Most of the clinical and biochemical parameters chosen for the assessment improved towards normality during the observation period. Aberrant results were noticed, specified, and analyzed, in order to understand the underlying pathological factors leading to them. The results were discussed. Recommendations were suggested to improve postoperative assessment of such patients.
availability of experienced hepatobiliary surgeons. Small and large bowel obstructions are responsible for approximately 15% of hospital admissions for acute abdominal pain in the USA and ~20% of cases needing acute surgical care. Starting from the analysis of a common clinical problem, we want to guide primary care physicians in the initial management of a patient presenting with acute abdominal pain associated with intestinal obstruction. In one study after radiography, the sensitivity of bowel obstruction was significantly higher than after clinical evaluation only: 74% versus 57%, respectively (P < 0.01). However, the positive predictive value did not differ significantly between clinical assessment only and with plain radiographs [14].