Hepatolithiasis—A Case Series
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Abstract

Introduction: Hepatolithiasis is an uncommon entity in Singapore. We reviewed the cases presented to our institution (a 1200-bedded restructured hospital) over a 5-year period. Materials and Methods: Twelve cases of hepatolithiasis were treated between December 1995 and July 2000 representing 0.77% of gallstone disease operated on in the same period. The clinical presentation, investigations, treatment and subsequent progress are presented. Results: The patients’ ages ranged from 28 to 82 years. There was a male to female ratio of 5:7. All patients had upper abdominal pain at presentation; 10 patients had clinical evidence of cholangitis. Ultrasound was the commonest first line investigation but additional investigations, such as computed tomographic (CT) scan and various forms of cholangiography, were frequently necessary for complete delineation of the biliary disease. The intrahepatic stones were located predominantly in the left lobe of the liver. Parenchymal atrophy was seen in 83% of patients. Two patients underwent a biliary bypass operation only, 5 had a hepatic resection only, and 5 had combined procedures. Follow-up ranged from 4 to 50 months. Postoperative recovery was generally unremarkable. Complications included subphrenic abscess (1 patient), recurrent stricture (1 patient) and recurrent stones (1 patient). One patient had an elevated serum CA 19-9 preoperatively; a small villous adenoma was noted at the biliary stricture in the resected left lateral segment of the liver. There was no operative mortality. Conclusion: Hepatolithiasis is uncommon in Singapore. Complete diagnosis requires a combination of imaging modalities. Surgery remains the mainstay of definitive treatment. With adequate treatment, good outcome is possible.

Key words: Cholangiography, Intrahepatic stones, Parenchymal atrophy, Villous adenoma of bile duct

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