

high morbidity and mortality. Then, percutaneous approaches were attempted giving good results. But now endotherapy is the treatment of choice with percutaneous and surgical options reserved for failed cases. Endotherapy consists of gradual dilation followed by plastic biliary stenting, increasing the number of stents at each session (Fig.6). This has resulted in success rate of 90% compared to previous less aggressive approach which gives success rate of 50 to 94%. Biliary strictures in chronic pancreatitis can be managed on short term by plastic stenting especially in patients with cholangitis. But surgery seems to be the definitive therapy in symptomatic cases. There are few studies of use of self expandable metallic stents in benign strictures. As they are non removable (uncovered biliary stents), they should only be used in cases not fit for surgery or repeated endoscopic procedures (preferably covered stents).

BILIARY ASCARIASIS AND HYDATID CYSTS

Biliary ascariasis is common problem in areas where roundworm infestation is endemic. It may cause recurrent biliary colics, jaundice, pancreatitis, cholecystitis and stone formation. The treatment consists of *endoscopic removal* using forceps or balloon avoiding sphincterotomy followed by deworming with pyrantel palmoate or albendazole (Fig.7)²³.

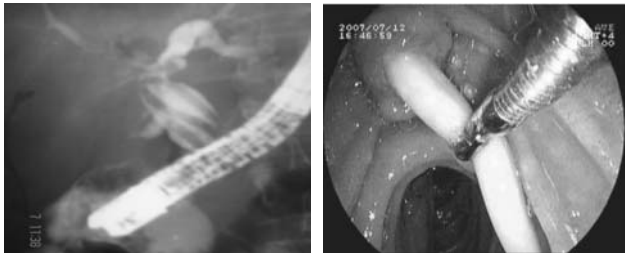


Fig.7: Endoscopic removal of Roundworm from CBD

Hydatid cyst of the liver, usually presenting as mass lesion or pain, can occasionally rupture into biliary tree causing pain and jaundice. ERCP with sphincterotomy can help in removing the membranes and cysts²⁴.

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