

中文題目：經皮經肝膽管造影引流術和經內鏡膽管引流術對可切除肝門部膽管癌術后病人的死亡率比較:系統性文獻回顧與統合分析

英文題目：Post operative mortality of percutaneous versus endoscopic biliary drainage in resectable hilar cholangiocarcinoma: systemic review and meta-analysis

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Background and Aims: Percutaneous biliary drainage (PBD) and endoscopic biliary drainage(EBD) are the preoperative procedures performed to relieve obstructive jaundice-related complications and reduce postoperative liver remnant failure rate . However, studies have shown contradictory results that PBD has negative impact on the survival rate of patients with resectable hilar cholangiocarcinoma. Our purpose was to pool all the studies , and compare the postoperative mortality and other adverse effects of PBD versus EBD for resectable hilar cholangiocarcinoma. So we could find out which one could be the first line of preoperative biliary drainage.

Methods: We searched through PubMed, Cochrane/CENTRAL, EMBASE, Scopus and CNKI and included both randomized and nonrandomized studies in our meta-analysis. We used RevMan 5.3 for our meta-analysis.

Results: 12 studies were eligible for our meta-analysis. In our study, PBD has significantly higher postoperative mortality than EBD 27 of 247 (10.9%) versus 14 of 280(5%), respectively; odds ratio [OR], 0.42; 95% confidence interval[CI], 0.21-0.86; P value=0.02. Other outcomes like liver abscess, intra-abdominal abscess, cholecystitis, bleeding, sepsis, wound infection, postoperative morbidity, tube dislocation and blockage, there is no statistically significant difference between PBD and EBD.

Conclusion: Our meta-analysis has shown PBD shortens the postoperative survival duration of resectable hilar cholangiocarcinoma cases. We suggest EBD as the first preoperative biliary drainage method, PBD as the second choice if EBD fails at the initial attempt.

Keywords: Percutaneous; endoscopic; biliary drainage; hilar cholangiocarcinoma.