

Relative merits of ultrasonography, computed tomography and cholangiography in patients of surgical obstructive jaundice.Hepatogastroenterology.

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Abstract:

Fifty consecutive patients with surgical obstructive jaundice were evaluated prospectively with ultrasonography (US), computed tomographic scans (CT scan) and cholangiography-percutaneous transhepatic cholangiography (PTC) or endoscopic retrograde cholangio-pancreaticography (ERCP). The diagnostic accuracy of ultrasound in defining the level of obstruction was 86% as compared to 86% and 94.8% for CT scan and cholangiography, respectively. To measure the etiology of the obstruction, the accuracy of ultrasound, CT scan and cholangiography were 84%, 86% and 75%, respectively. The sensitivity of CT scans and cholangiography in the diagnosis of choledocholithiasis was 100%, 81.8% and 90%, respectively, whereas specificity was 97%, 100% and 100%, respectively. Sensitivity for a diagnosis of malignant disease was 100% for both US and CT scans whereas specificity was 90% and 81%, respectively. Ultrasonography as a single radiological investigation is sufficient in the evaluation of the majority of patients with surgical obstructive jaundice. CT scan and cholangiography should be done only when US gives equivocal findings or if concomitant therapeutic procedures like basketing and stenting are also planned.