

101

### MAGNETIC RESONANCE CHOLANGIOGRAPHY— AN OVERUSED INVESTIGATION IN PATIENTS WITH SYMPTOMATIC GALLSTONES?

M J Mullan,<sup>1</sup> M Connolly,<sup>1</sup> R Thompson,<sup>1</sup> R Kennedy,<sup>1</sup> S Gillespie,<sup>2</sup> J A Kennedy<sup>1</sup> <sup>1</sup>*Department of Upper GI Surgery, Royal Victoria Hospital, Belfast, Northern Ireland;* <sup>2</sup>*Department of Radiology, Royal Victoria Hospital, Belfast, Northern Ireland*

10.1136/gutjnl-2013-305143.101

**Introduction** The incidence of choledocholithiasis with symptomatic gallstones has been estimated to be 10–15%. Pre-magnetic resonance cholangiography (MRC), the common bile duct (CBD) was selectively imaged with intra-operative cholangiogram in patients with—(i) deranged liver function (II) a history of jaundice or acute pancreatitis (iii) a dilated CBD.

**Aims/Background** The aim of this study was to assess the appropriateness of MRC in patients being assessed for choledocholithiasis.

**Method** The medical records of all patients undergoing pre-operative MRC for a 12 month period (Jan 2011–Dec 2011) were identified. Data analysis included: indication for imaging, age, gender, WBC, CRP and liver function tests.

**Results** One hundred and twelve (112) MRC investigations relevant to the study were performed, 35 had positive findings (31%).

Regarding patients with choledocholithiasis:

Sixteen of 35 had a Bilirubin >30 µmol/L. Those with pancreatitis were all >55 years and 3 had severe pancreatitis. Patients with biliary colic all had liver transaminases >twice the upper limit of normal. Analysis of patients with acute cholecystitis found 70%(n=16) were >55 years and 14 had a bilirubin >30 µmol/L.

**Conclusion** A selective policy towards imaging the CBD yielded choledocholithiasis in 31% of cases. Pre-operative imaging allows both efficient scheduling of operating lists and ensures a surgeon with the necessary skills to perform laparoscopic bile duct exploration is available in theatre. This is significant as surgical units move toward immediate cholecystectomy for symptomatic gallstones.