International Journal of Gerontology 12 (2018) 167

Contents lists available at ScienceDirect

International Journal of Gerontology

journal homepage: www.ijge-online.com

Letter to the Editor

Management of biliary stones disease in elderly need more carefully

To the editor,

I read the article by Lai et al.[1] with great interest. The most common symptom at presentation of acute cholangitis was abdominal pain (81%), followed by jaundice (55%). Charcot's triad (Right upper quadrant pain, jaundice and fever) was present in only 15.6% of young and 18.8% of older patients (>75 years). Jaundice was not detected in 16% of significantly hyperbilirubinemia older patients.[2] Clinical symptoms may vary in elderly adults with suspected CBD stones, and the results of laboratory testing may be indiscriminate. A routine policy of liver functions tests, image studies including abdominal ultrasound, computed tomography scan (with or without contrast based on patients' renal function) or magnetic resonance cholangiopancreatography may reduce delays in diagnosing and treating acute cholangitis.

After diagnosis of CBD stones related acute cholangitis, effective treatment by endoscopic biliary drainage is necessary for the infection control. Longer-duration (>1 min) endoscopic papillary balloon dilation (EPBD) may be preferred over endoscopic biliary sphincterotomy (EST) for elderly adults because it is associated with a comparable risk of pancreatitis but a lower rate of overall complications including bleeding, particularly in those receiving antiplatelet agents.[3]

For patients whose CBD stones difficult to retract, the alternative treatment including placing temporary biliary stenting to promote reduction in stone size or laparoscopic common bile duct exploration (LCDBE). There was no significant differences in mean operation time, postoperative hospital stay, first meal time, recurrence rate, remnant stone, complication rates or mortality in elderly (>70 years) and younger groups. And LCDBE is a safe and effective treatment modality for CBD stones not only for younger patient but also for elderly patients.[4]

Several risk factors would cause recurrence of symptoms after endoscopic stone retraction including a dilated common bile duct (>7 mm)[3] and juxtapapillary diverticulum.[1] The recurrence rate of biliary events was lower in patients (65–74 years) who underwent subsequent cholecystectomy than in patients in the wait-and-see group while no such benefit seen in the old patients (>75 years).[1] However the use of laparoscopic cholecystectomy (LC) in older patients may pose problems because of the comorbid conditions that are concomitant with old age and may increase the postoperative LC complications and the frequency of conversion to open surgery than the younger patients. Surgeons should bear these issues in mind in the counseling and care of these elderly patients.

In conclusion, a more-careful survey of the clinical symptoms and signs of CBD related acute cholangitis is necessary, and endoscopic biliary drainage is a safe and effective measure for the infection control.

Conflicts of interest

All authors declare there is no conflict of interest.

References

1. Lai JH, Chen CJ, Chu CH, et al. Cholecystectomy after sphincterotomy for preventing recurrence in elderly patients with acute cholangitis. *Int J Gerontol*. 2017;11:182–185.
2. Rahman SH, Larvin M, McMahon MJ, et al. Clinical presentation and delayed treatment of cholangitis in older people. *Dig Dis Sci*. 2005;50:2207–2210.
3. Hu KC, Chu CH, Wang HY, et al. How does aging affect presentation and management of biliary stones? *J Am Geriatr Soc*. 2016;64:2330–2335.
4. Lee A, Min SK, Park JJ, et al. Laparoscopic common bile duct exploration for elderly patients: as a first treatment strategy for common bile duct stones. *J Korean Surg Soc*. 2011;81:128–133.

Lo-Yip Yu*
Division of Gastroenterology, Department of Internal Medicine, Mackay Memorial Hospital, Taiwan
Healthy Evaluation Center, Mackay Memorial Hospital, Taiwan
Mackay Medicine, Nursing and Management College, Taipei, Taiwan

Kuang-Chun Hu
Division of Gastroenterology, Department of Internal Medicine, Mackay Memorial Hospital, Taiwan
Healthy Evaluation Center, Mackay Memorial Hospital, Taiwan
Mackay Medicine, Nursing and Management College, Taipei, Taiwan
Graduate Institute of Clinical Medicine, National Taiwan University College of Medicine, Taiwan

Yang-Che Kuo
Division of Gastroenterology, Department of Internal Medicine, Mackay Memorial Hospital, Taiwan
Healthy Evaluation Center, Mackay Memorial Hospital, Taiwan
Mackay Medicine, Nursing and Management College, Taipei, Taiwan

Shou-Chuan Shih
Division of Gastroenterology, Department of Internal Medicine, Mackay Memorial Hospital, Taiwan
Healthy Evaluation Center, Mackay Memorial Hospital, Taiwan
Mackay Medical College, Taiwan

* Corresponding author. Division of Gastroenterology, Department of Internal Medicine, Mackay Memorial Hospital, No. 92, Sec. 2, Chung-Shan North Road, Taipei, Taiwan.
E-mail address: Benny7190@gmail.com (L.-Y. Yu).

30 October 2017
Available online 12 February 2018

https://doi.org/10.1016/j.ijge.2018.01.005