

Biliary peritonitis

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Biliary peritonitis is mostly seen after cholecystectomy and arises from slippage of a clip off the cystic duct, drainage of bile from an accessory cystic duct or perforation of the common bile or hepatic duct (see Chapter 71). It can also arise after hepatectomy or duodenal surgery , although this is unusual if a drain has been placed at the time of surgery . Investigation follows the principles and steps described in Peritonitis . The natural course of biliary peritonism varies depending on the volume of contamination. In severe contamination the patient will be extremely unwell and urgent intervention is required. Localised collections can be treated by percutaneous insertion of a drain followed by endoscopic retrograde pancreatography (ERCP) to identify the source of bile leak. ERCP enables placement of a stent across the source of the leak. Diffuse or high-volume contamination, or the presence of multiple separate locules, normally mandates surgical exploration with the aim being lavage and drainage.

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