

MINIMALLY INVASIVE BILIARY DRAINAGE VERSUS PALLIATIVE SURGICAL BILIODIGESTIVE ANASTOMOSES IN MALIGNANT OBSTRUCTIVE JAUNDICE: IMMEDIATE OUTCOMES

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Relevance. Malignant obstructive jaundice caused by tumors of the hepatopancreatoduodenal zone is associated with high postoperative morbidity and a mortality of 10–35%. Although endoscopic, percutaneous and combined minimally invasive drainage techniques have largely replaced open palliative surgery, the comparative early safety of these approaches in routine clinical practice — where minimally invasive methods are often applied to the most debilitated patients — requires further evidence.

Material and methods. Immediate outcomes were analyzed in 149 patients with malignant obstructive jaundice treated between 2019 and 2024. Biliary decompression was achieved by retrograde endoscopic drainage (n=110), antegrade percutaneous transhepatic drainage (n=18) or palliative surgery with a biliodigestive anastomosis (n=17). The technical success of endoscopic cholangiography, the early complication rate and in-hospital mortality were compared between the methods.

Results and discussion. Successful endoscopic cholangiography was achieved in 82.7% of cases, and endoscopic biliary decompression in 110 of 132 patients (83%). Early complications occurred in 29.4% of the surgical group, compared with 15.5% after retrograde and 11.1% after antegrade drainage. In-hospital mortality was likewise highest after surgery (17.6%) and lowest after

antegrade drainage (5.5%), with 11.8% after retrograde drainage. Notably, the minimally invasive techniques were applied to a more severely ill cohort, in whom open surgery would have carried an even greater operative risk. The least favorable conditions for retrograde drainage were strictures at the confluence (success 40%) and terminal common bile duct strictures combined with duodenal stenosis (22.7%).

Conclusion. Compared with palliative surgical biliodigestive anastomoses, minimally invasive biliary drainage — both antegrade and retrograde — provides significantly lower early complication and mortality rates in patients with malignant obstructive jaundice, even though it is applied to a higher-risk population. These findings support minimally invasive decompression as the preferred first-line approach in inoperable hepatopancreatoduodenal tumors