

# Ascending Cholangitis

## UNDERSTANDING THE FACTS BEHIND

### 1. Definition

- Inflammation of the bile duct due to bacterial infection ascending from the duodenum
- Obstruction of the CBD → biliary → infection
- Causes of obstruction
  - Gallstones (50%)
  - Benign biliary stricture (20%)
  - Malignancy (10-20%)

### 2. Common causative organisms

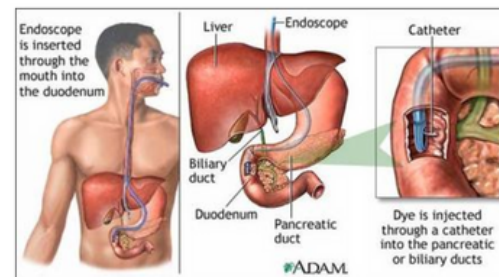
- Common causative organisms
- Escherichia coli (most common)
- Klebsiella spp.
- Enterobacter spp.
- Enterococci
- Streptococci

### 3. Key clinical features

- Charcot's triad (Only 50-75% of patients have all three)
  - RUQ pain
  - Fever
  - Jaundice
- Hypotension
- Altered mental status

### 4. Investigations

- Blood tests
  - FBC - raised WCC
  - Inflammatory markers - raised CRP
  - LFTs - obstructive jaundice pattern
  - Blood cultures
  - Amylase may be raised
- ERCP
  - Can be both diagnostic and therapeutic
  - Patients with high index of suspicion (full Charcot's triad, abnormal LFT, history of biliary disease, predisposing factors) can be considered for early ERCP for diagnosis and therapy



- Imaging
  - USS abdomen
    - Can detect bile duct dilation and bile duct stone
  - CT abdomen w/ contrast
    - If high clinical suspicion but USS is -ve
    - Good anatomical detail, may visualise radio-opaque stones
  - MRCP
    - High sensitivity and specificity, used when diagnosis unclear despite USS/CT

### 5. Management

- Resuscitation including fluids and IV broad spectrum antibiotics (coverage for anaerobes and gram -ve organisms)
- Depending on presence and severity of sepsis and shock, transfer to critical care may be required
- Biliary drainage - timing depending on severity
  - Mild-moderate, responsive to antibiotics - within 24-48h
  - Severe, not responsive to antibiotics - urgent drainage within 24h
  - ERCP is preferred method
    - where not possible, percutaneous or surgical drainage
- Treatment of predisposing cause
  - Gallstones
    - Consider cholecystectomy following resolution
  - Benign stricture
    - Stenting or surgical repair
  - Malignant stenosis
    - May include medical Mx, stenting, surgery, drain placement etc