Surgery-first with Clearance of Choledocholithiasis in Paediatric

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Introduction:

The rate of biliary stones disease in the pediatric population is rising, report from 0.13% up to 6.1% with specific complications as choledocholithiasis and biliary duct obstruction. As ERCP availability is often limited, we describe, surgery first approach, with intraoperative cholangiogram (IOC) ± transcystic laparoscopic common bile exploration (LCBDE) as a safe and feasible approach

Methods

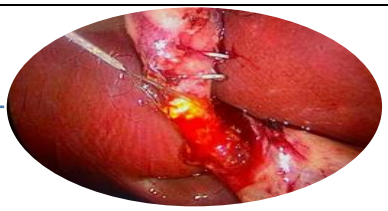
From 1st of January 2020 to 30th June 2025, we reviewed all our paediatric laparoscopic cholecystectomies with regard of a novel management of the cholelithiasis.

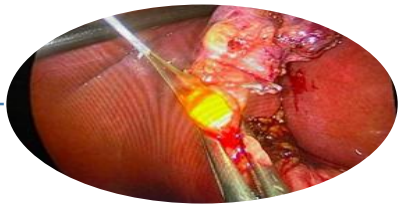
Techniques:

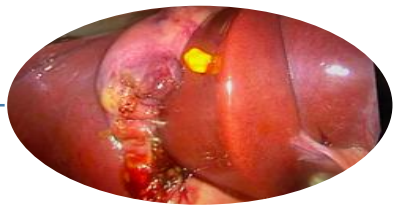
*Transcystic laparoscopic common bile duct exploration, Dormia basket

*Fogarty retrograde removal stones

*dilate Oddi sphincter with the corresponding Fogarty size and flush the stones out in anterograde manner



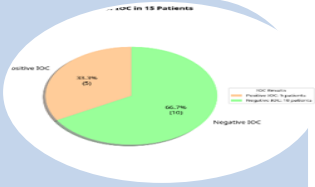


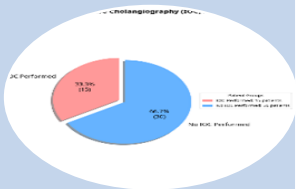


Results:

*45 patients had laparoscopic cholecystectomies. Within these, 15 patients had IOC, 30 patients did not. within these 15 patients, 5 had positive IOC. There were 3 girls (9,12 and 13 years) and two boys (9 and 15years) old, mean age 12.

*All five patients became asymptomatic with ultrasonic normalization of CBD size and biologic normalization of the liver function. Patients were discharged on day 2 post op, No ERCP was necessary either preop or post op





Conclusion:

Surgery first approach is entirely safe and feasible in children with CBD stones. The use of the Dormia basket for anterograde and the Fogarty for Oddi sphincter dilation and retrograde stone removal have been entirely successful with no complications. The use of pre or post op ERCP in children has a reported complication rate up to 9% in children. Specificity in children are technical difficulties and the need of highly skilled endoscopic team.