



Diagnosis and treatment of patients with suspected sphincter of Oddi dysfunction

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Author contributions: All authors contributed equally to the work.

Original title: *China National Journal of New Gastroenterology* (1995-1997) renamed *World Journal of Gastroenterology* (1998-).

Received: December 11, 1995

Revised: February 21, 1996

Accepted: May 19, 1996

Published online: September 15, 1996

Abstract

AIM: The purpose of this study was to evaluate endoscopic manometry in the diagnosis of postcholecystectomy patients with recurrent biliary type abnormal pain and how frequently the manometric abnormalities are recorded, and to observe the outcome after ES in SOD patients with elevated basal sphincter pressure.

METHODS: The subjects were 60 post cholecystectomy patients with recurrent biliary type abnormal pain (male 23, female 37 age 45.23 ± 10.23). There were 20 cases with clinical type 1, 22 cases with type 2 and 18 cases with type 3. A triple lumen low compliance system was used to record the sphincter of Oddi basal pressure, phasic contraction frequency, amplitude and direction of wave propagation. Patients with basal sphincter pressure > 35 mmHg were randomly divided into 2 groups. One group was treated with ES,

the other group was treated with sham ES. All of the patients were followed up.

RESULTS: The total prevalence of manometric abnormalities was 46.7%. The prevalence in type 1 was 90% which was higher than that in type 2 or type 3 ($P < 0.01$), 80% of the manometric abnormalities were sphincter of Oddi stenosis, and 10% of those were sphincter of Oddi dyskinesia. The prevalence in type 2 was 31.8%, including 13.7% with sphincter of Oddi stenosis and 18.1% with sphincter of Oddi dyskinesia. While the prevalence in type 3 was 6.7%, all were sphincter of Oddi dyskinesia. 3 to 18 mo followed up after ES, 91.7% patients with elevated basal sphincter pressure were free from symptoms which were higher than those of control ($P < 0.05$).

CONCLUSION: Sphincter of Oddi manometry has great value in the diagnosis of SOD, especially in type 1 patients, which can differentiate sphincter of Oddi stenosis from dyskinesia and guide the treatment. Furthermore the long term outcome after ES in patients with elevated basal sphincter pressure was satisfactory.

Key words: Sphincter; Oddi dysfunction

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Xu GM, Zou DW, Li ZS, Sun ZX, Yin N. Diagnosis and treatment of patients with suspected sphincter of Oddi dysfunction. *World J Gastroenterol* 1996; 2(Suppl1): 157 Available from: URL: <http://www.wjgnet.com/1007-9327/full/v2/iSuppl1/157.htm> DOI: <http://dx.doi.org/10.3748/wjg.v2.iSuppl1.157>

E- Editor: Liu WX



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