



## Endoscopic manometry in the diagnosis of sphincter of Oddi dysfunction

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### Abstract

**AIM:** To evaluate endoscopic manometry in the diagnosis of postcholecystectomy patients with recurring biliary colic pain and how frequently the manometric abnormalities are recorded.

**METHODS:** The study group consisted of 60 postcholecystectomy patients with recurring biliary colic pain, including 23 men and 37 women, age  $45.25 \pm 10.23$ . According to the clinical classification recommended by Geenen Hogan, there were 20 cases of type I, 22 cases of type II and 18 cases of type III. 10 control subjects were all without bile duct and perianillary diseases. A triple lumen low compliance system was used to record the basal pressure, phasic contraction frequency, amplitude, direction of wave propagation of sphincter of Oddi and common bile duct pressure.

**RESULTS:** Compared with control group, there was no difference on common bile duct pressure in study group, but the basal pressure, phasic contraction frequency and amplitude of sphincter of Oddi were greatly higher ( $P < 0.01$ ), and the proportion of negative wave propagation was also increased ( $P < 0.05$ ). According to the normal anometry of sphincter of Oddi recommended by Guerruc, the prevalence of manometric abnormalities was 46.7% in study group. The prevalence in type I which was higher than that in type II or type III ( $P < 0.01$ ) was 90%, including 89% with stenosis of sphincter of Oddi and 10% with sphincter of Oddi dyskinesia. The prevalence in type II was 31.8%, including 13.7% with stenosis of sphincter and 18.1% with dyskinesia of sphincter of Oddi. While the prevalence in type III was 6.7%, all were dyskinesia of sphincter of Oddi.

**CONCLUSION:** Manometry of sphincter of Oddi has great value in the diagnosis of SOD, especially in type II patients, which can differentiate stenosis from dyskinesia of sphincter of Oddi. That is most valuable in selecting therapy.

**Key words:** Endoscopic manometry; Sphincter; Oddi dysfunction

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