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Endoscopic management of benign biliary strictures

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Abstract

Endoscopic management of biliary obstruction has evolved tremendously since the introduction of flexible fiberoptic endoscopes over 50 years ago. For the last several decades, endoscopic retrograde cholangiopancreatography (ERCP) has become established as the mainstay for definitively diagnosing and relieving biliary obstruction. In addition, and more recently, endoscopic ultrasonography (EUS) has gained increasing favor as an auxiliary diagnostic and therapeutic modality in facilitating decompression of the biliary tree. Here, we provide a review of the current and continually evolving role of gastrointestinal endoscopy, including both ERCP and EUS, in the management of biliary obstruction with a focus on benign biliary strictures.

Key words: gastrointestinal endoscopy; endoscopic cholangiopancreatography; bile ducts; biliary tract; stricture; stents

Core tip: Benign biliary strictures (BBSs) are commonly encountered by advanced endoscopists. As our understanding of longstanding techniques involving biliary dilation and plastic stent placement evolves, newer therapeutic options such as self-expandable metal stents and endoscopic ultrasound have become available. Here we review the literature pertaining

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