Bilaga till rapport

Åtgärder vid sten i de djupa gallgångarna
Rapport 297 (2019)

Bilaga 3 Studier med låg metodologisk kvalitet

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Articles assessed to have a high risk of bias and articles in included systematic reviews

Management of patients with common bile duct stones	
Hongjun H, Yong J, Baoqiang W. Laparoscopic Common Bile Duct Exploration: Choledochotomy Versus Transcystic Approach? Surgical Laparoscopy, Endoscopy and Percutaneous Techniques. 2015;25(3):218-22.	High risk of bias
Koc B, Karahan S, Adas G, Tutal F, Guven H, Ozsoy A. Comparison of laparoscopic common bile duct exploration and endoscopic retrograde cholangiopancreatography plus laparoscopic cholecystectomy for choledocholithiasis: a prospective randomized study. American journal of surgery. 2013;206(4):457-63.	High risk of bias
Lu Y, Wu JC, Liu L, Bie LK, Gong B. Short-term and long-term outcomes after endoscopic sphincterotomy versus endoscopic papillary balloon dilation for bile duct stones. European journal of gastroenterology & hepatology. 2014;26(12):1367-73.	High risk of bias
Masci E, Rossi M, Minoli G, Mangiavillano B, Bianchi G, Colombo E, et al. Patient satisfaction after endoscopic retrograde cholangiopancreatography for biliary stones: a prospective multicenter study in Lombardy. Journal of gastroenterology and hepatology. 2009;24(9):1510-5.	High risk of bias
Miller R, Zbar A, Klein Y, Buyeviz V, Melzer E, Mosenkis BN, et al. Perforations following endoscopic retrograde cholangiopancreatography: a single institution experience and surgical recommendations. American journal of surgery. 2013;206(2):180-6.	High risk of bias
Chen XM, Zhang Y, Cai HH, Sun DL, Liu SY, Duan YF, et al. Transcystic approach with micro-incision of the cystic duct and its confluence part in laparoscopic common bile duct exploration. Journal of laparoendoscopic & advanced surgical techniques Part A. 2013;23(12):977-81.	Included in Feng Q et al. PloS one. 2016;11(9):e0162885.
Paganini AM, Guerrieri M, Sarnari J, De Sanctis A, D'Ambrosio G, Lezoche G, et al. Thirteen years' experience with laparoscopic transcystic common bile duct exploration for stones. Effectiveness and long-term results. Surgical endoscopy. 2007;21(1):34-40.	Included in Feng Q et al. PloS one. 2016;11(9):e0162885.
Poh B, Yeong C, Sritharan M, Devonshire D, Swan M, Barnes M, et al. Intra-operative ERCP versus laparoscopic clearance in patients with choledocholithiasis undergoing emergency laparoscopic cholecystectomy: A randomised trial. Hpb [Internet]. 2014; 16:[208 p.].	Included in Feng Q et al. PloS one. 2016;11(9):e0162885.
Zhang WJ, Xu GF, Huang Q, Luo KL, Dong ZT, Li JM, et al. Treatment of gallbladder stone with common bile duct stones in the laparoscopic era. BMC surgery. 2015;15:7.	Included in Feng Q et al, PloS one. 2016;11(9):e0162885.

Management of common bile duct stones in patients with gallstone pancreatitis and cholangitis	**Reason for exclusion**
Yang P, Feng K, Luo H, Wang D, Hu Z. Acute biliary pancreatitis treated by early endoscopic intervention. Panminerva medica [Internet]. 2012; 54(2):[65-9 pp.]	Included in Burstow et al Surgical laparoscopy, endoscopy & percutaneous techniques. 2015;25(3):185-203.

Technique of papillotomy in endoscopic retrograde cholangiopancreatography in patients with common bile duct stones.	
Hwang JC, Kim JH, Lim SG, Kim SS, Shin SJ, Lee KM, et al. Endoscopic large-balloon dilation alone versus endoscopic sphincterotomy plus large-balloon dilation for the treatment of large bile duct stones. BMC gastroenterology. 2013;13:15.	High risk of bias
Paspatis GA, Konstantinidis K, Tribonias G, Voudoukis E, Tavernaraki A, Theodoropoulou A, et al. Sixty- versus thirty-seconds papillary balloon dilation after sphincterotomy for the treatment of large bile duct stones: a randomized controlled trial. Digestive and liver disease: official journal of the Italian Society of Gastroenterology and the Italian Association for the Study of the Liver. 2013;45(4):301-4.	High risk of bias
Peng YC, Lin CL, Hsu WY, Chow WK, Lee SW, Yeh HZ, et al. Association of Endoscopic Sphincterotomy or Papillary Balloon Dilatation and Biliary Cancer: A Population-Based Cohort Study. Medicine. 2015;94(23):e926.	High risk of bias
Tsuchida K, Iwasaki M, Tsubouchi M, Suzuki T, Tsuchida C, Yoshitake N, et al. Comparison of the usefulness of endoscopic papillary large-balloon dilation with endoscopic sphincterotomy for large and multiple common bile duct stones. BMC gastroenterology. 2015;15(1).	High risk of bias
Guo SB, Meng H, Duan ZJ, Li CY. Small sphincterotomy combined with endoscopic papillary large balloon dilation vs sphincterotomy alone for removal of common bile duct stones. World journal of gastroenterology. 2014;20(47):17962-9.	Included in de Clemente et al., World J Gastrointest Endosc 2018;10:130-144.
Heo JH, Kang DH, Jung HJ, Kwon DS, An JK, Kim BS, et al. Endoscopic sphincterotomy plus large-balloon dilation versus endoscopic sphincterotomy for removal of bile-duct stones. Gastrointestinal endoscopy. 2007;66(4):720-6; quiz 68, 71.	Included in de Clemente et al., World J Gastrointest Endosc 2018;10:130-144.
Karsenti D, Coron E, Vanbiervliet G, Privat J, Kull E, Bichard P, et al. Complete endoscopic sphincterotomy with vs. without large-balloon dilation for the removal of large bile duct stones: randomized multicenter study. Endoscopy. 2017;49(10):968-76.	Included in de Clemente et al., World J Gastrointest Endosc 2018;10:130-144.
Li G, Pang Q, Zhang X, Dong H, Guo R, Zhai H, et al. Dilation-assisted stone extraction: an alternative method for removal of common bile duct stones. Digestive diseases and sciences. 2014;59(4):857-64.	Included in de Clemente et al., World J Gastrointest Endosc 2018;10:130-144.
Teoh AY, Cheung FK, Hu B, Pan YM, Lai LH, Chiu PW, et al. Randomized trial of endoscopic sphincterotomy with balloon dilation versus endoscopic sphincterotomy alone for removal of bile duct stones. Gastroenterology. 2013;144(2):341-5.e1.	Included in de Clemente et al., World J Gastrointest Endosc 2018;10:130-144.

Active or conservative management of small common bile duct stones	
Caddy GR, Kirby J, Kirk SJ, Allen MJ, Moorehead RJ, Tham TC. Natural history of asymptomatic bile duct stones at time of cholecystectomy. The Ulster medical journal. 2005;74(2):108-12.	High risk of bias

Cholecystectomy or not in elderly and frail patients with common bile duct stones	
El Nakeeb A, Ezzet H, Askar W, El Hanafy E, Hamdy E, Atef E, et al. Early Versus Late Cholecystectomy After Clearance of Common Bile Duct Stones by Endoscopic Retrograde Cholangiopancreatography: A Prospective Randomized Study. Surgical laparoscopy, endoscopy & percutaneous techniques. 2016;26(3):202-7.	High risk of bias
Harris HW, Davis BR, Vitale GC. Cholecystectomy after endoscopic sphincterotomy for common bile duct stones: is surgery necessary? Surgical innovation. 2005;12(3):187-94.	High risk of bias

Jain RK, Teasdale RL, Chattopadhyay D, Gopinath B, Rao M. Cholecystectomy in patients aged 80 years and more following ERCP: is it necessary? European Surgery - Acta Chirurgica Austriaca. 2016;48(1):12-7.	High risk of bias
Kanamori A, Kiriyama S, Tanikawa M, Hisanaga Y, Toyoda H, Tada T, et al. Long- and short-term outcomes of ERCP for bile duct stones in patients over 80 years old compared to younger patients: A propensity score analysis. Endoscopy international open. 2016;4(1):E83-E90.	High risk of bias
Patel SS, Kohli DR, Savas J, Mutha PR, Zfass A, Shah TU. Surgery Reduces Risk of Complications Even in High-Risk Veterans After Endoscopic Therapy for Biliary Stone Disease. Digestive diseases and sciences. 2018;63(3):781-6.	High risk of bias
Schreurs WH, Vles WJ, Stuifbergen WH, Oostvogel HJ. Endoscopic management of common bile duct stones leaving the gallbladder in situ. A cohort study with long-term follow-up. Digestive surgery. 2004;21(1):60-4; discussion 5.	High risk of bias
Zhu JG, Guo W, Han W, Zhang ZT. Laparoscopic Transcystic Common Bile Duct Exploration in the Elderly is as Effective and Safe as in Younger Patients. Journal of laparoendoscopic & advanced surgical techniques Part A. 2017;27(1):48-52.	High risk of bias