Data

Table Patients number of MRCP&ERCP with symptoms Studies ERCP MRCP

No. Patient/age % Symptoms No. Patient/age % Symptoms Prospective comparisonof transcutaneous 3-dimensional US cholangiography, magnetic resonance cholangiography, and direct cholangiography in the evaluation of malignant biliary obstruction (Hunerbein, et al. 2003)

40 patients (32 men, 14 women; mean age 63 years, range 46-74 years), six excluded from 46

100%

The patients evaluated presented with symptoms suggestive of pancreaticobilliary malignancy. These were epigastric pain or weight loss with jaundice or hyperbilirubinemia or both.

46 patients (32 men, 14 women; mean age 63 years, range 46-74 years) six excluded from 46

100%

The patients evaluated presented with symptoms suggestive of pancreaticobilliary malignancy. These were epigastric pain or weight loss with jaundice or hyperbilirubinemia or both.

A prospective comparison of the diagnostic accuracy of ERCP, MRCP, CT, and EUS in biliary strictures (Rösch, et al. 2002)

50 patients, mean age 65. 7 years, 29 women and 20 men, range 34 to 87 years, 40 patients underwent all 4 tests

80%

Jaundice, evidence of cholestasis such as itching, no pain, no evidence of parenchymal liver disease; no pain or symptoms suggestive of gallbladder disease, previous surgery, fever, malignancy.

48 patients, 2 were excluded due to claustrophobia

96%

Jaundice, evidence of cholestasis such as itching, no pain, no evidence of parenchymal liver disease; no pain or symptoms suggestive of gallbladder disease, previous surgery, fever, malignancy.

MRCP and ERCP in the diagnosis of common bile duct stones (Fulcher 2002)

72 patients

100%

Common bile duct stones with jaundice and pain

300

97%

Common bile duct stones with jaundice and pain

Table2: compare accuracy MRCP TO ERCP with symptoms

Studies

Diagnostic value of ERCP

Diagnostic value of MRCP

sensitivity

specificity

Symptoms

sensitivity

specificity

Symptoms

Prospective comparison of transcutaneous 3-dimensional US cholangiography, magnetic resonance cholangiography, and direct cholangiography in the evaluation of malignant biliary obstruction (Hunerbein, et al. 2003)

95%

100%

Periampullary region

80%

95%

Periampullary region

98%

100%

Bile duct obstruction

95%

95%

Bile duct obstruction

A prospective comparison of the diagnostic accuracy of ERCP, MRCP, CT, and EUS in biliary strictures (Rösch, et al. 2002)

Agreement of data in 85% cases

90%

85%

70%

75%

Malignant stricture

Benign obstructive jaundice

85%

100%

88%

83%

Malignant stricture

Obstructive jaundice

MRCP and ERCP in the diagnosis of common bile duct stones (Fulcher 2002)

90%

90% to 100%

98%

92% to 100%

Common bile duct stones with jaundice and pain

100%

96%

Common bile duct stones with jaundice and pain

Table: Compare diagnostic Value of ERCP and ERCP

Studies

Diagnostic value of ERCP

Diagnostic value of MRCP

sensitivity

specificity

sensitivity

specificity

Bibliography

Fayad, LM, T Kowalski, and DG Mitchell. " MR cholangiopancreatography: evaluation of common pancreatic diseases." Radiologic Clinics of North America 41 (2003): 97–114.

Fulcher, AS. " MRCP and ERCP in the diagnosis of common bile duct stones." Gastrointestinal Endocopy 56, no. 6 (2002): S178-S183.

Hunerbein, M, C Stroszczynski, C Ulmer, T Handke, R Felix, and PM Schlag. " Prospective comparison of transcutaneous 3-dimensional US cholangiography, magnetic resonance cholangiography, and direct cholangiography in the evaluation of malignant biliary obstruction." Gastrointestinal Endoscopy, no. 58 (2003): 853-858.

Rösch, T, et al. " A prospective comparison of the diagnostic accuracy of ERCP, MRCP, CT, and EUS in biliary strictures." Gastrointestinal Endoscopy 55, no. 7 (2002): 870-877.