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Letter to the Editor
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Opie Syndrome

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Letter to the Editor

In the international medical literature, we did not identify the name of the acute blockade syndrome of the terminal part of the common bile duct, complicated by destructive pancreatitis. However, in 1901 the outstanding American pathologist Engene L. Opie (1873-1971) first published the results of an autopsy of two women who died from hemorrhagic pancreatic necrosis as a result of acute blockade of the terminal part of the common bile duct by large bile calculi.

In the literature there is a description of the radiological symptom Opie- an expansion of the diameter of the hepatic choledochus and pancreatic duct in the absence of a shadow of the gallbladder.

In our opinion, the term "Opie syndrome" can be used as a synonym for acute blockade of the terminal part of the common bile duct, complicated by pancreatitis.

The syndrome is characterized by clear clinical symptoms.

1. Acute non-stopping pancreatic pain.

2. Hyperbilirubinemia by obstructive type.

3. A sharp increase in the activity of pancreatic enzymes by more than thrice the upper limit of normal.

4. Acholia feces 12 h to 24 h after a pain attack.

With Opie syndrome, the most appropriate is a 3-stage treatment.

1. Urgent endoscopic retrograde papillosphincterolithotomy followed by cholecystectomy.

2. Intensive drug therapy with epidural anesthesia in the intensive care unit.

3. Laparotomic or laparoscopic intervention in the presence of sequestration of the pancreas according to H. Beger.

The syndrome can be named in honor of an outstanding researcher who first published its features and made an invaluable contribution to the etiology of pancreatic diseases.

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