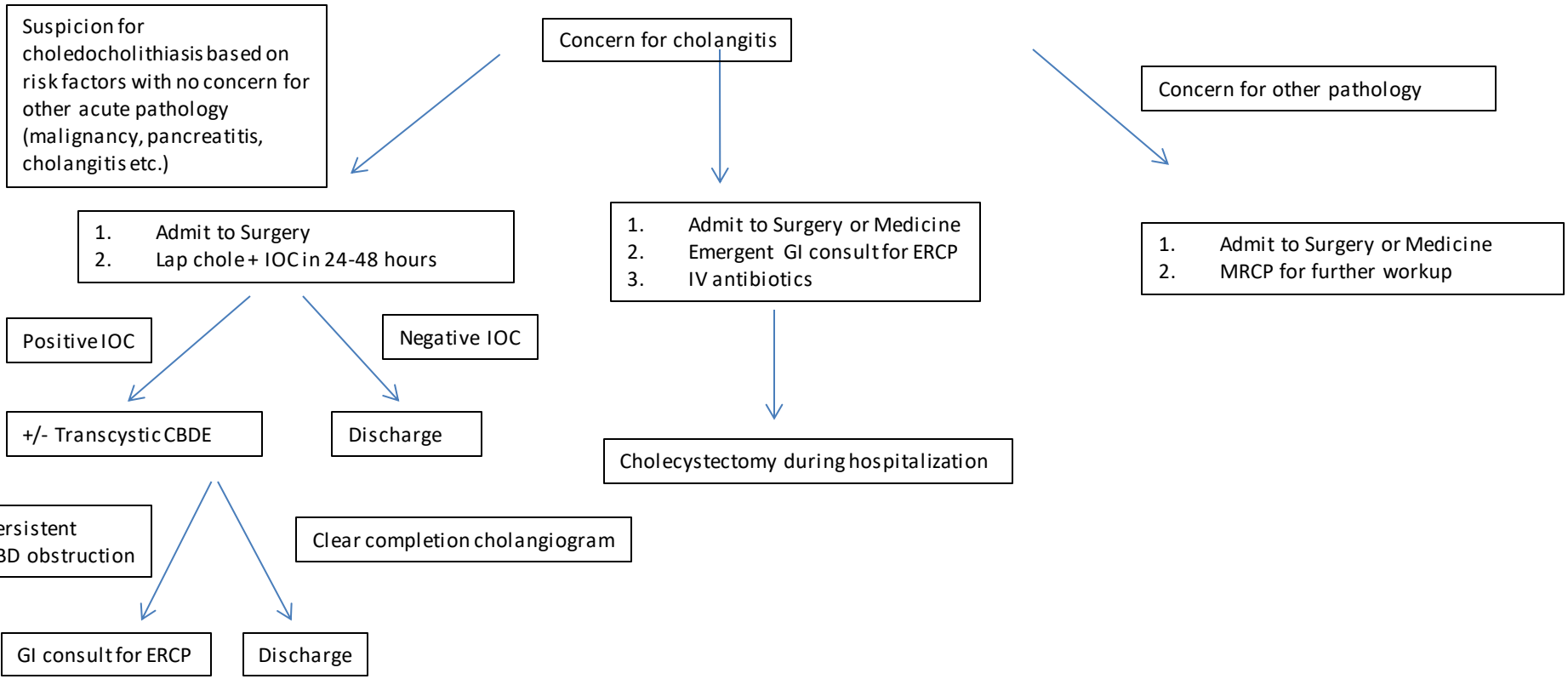
Risk Factors for Choledocholithiasis

-CBD stone on imaging
-Elevated Tbili >1.7 mg/dL
-Dilated CBD on imaging >6mm
-Clinical evidence of acute cholangitis

*presence of >/= 2 factors suggests high probability of choledocholithiasis

1. Buxbaum JL, Abbas Fehmi SM, Sultan S, Fishman DS, Qumseya BJ, Cortessis VK, Schilperoort H, Kysh L, Matsuoka L, Yachimski P, et al. ASGE guideline on the role of endoscopy in the evaluation and management of choledocholithiasis. Gastrointest Endosc. 2019;89(6):1075–1105.e15.
2. Vimal K. Narula, Eleanor C. Fung, D. Wayne Overby, William Richardson, Dimitrios Stefanidis and the SAGES Guidelines Committee. Clinical Spotlight Review: Management of Choledocholithiasis. Surgical Endoscopy 2020.



ASGE Risk Factors for Choledocholithiasis

TABLE 15. Proposed strategy to assign risk of choledocholithiasis and manage patients with symptomatic cholelithiasis based on clinical predictors

Probability	Predictors of choledocholithiasis	Recommended strategy
High	Common bile duct stone on US/cross-sectional imaging *or* Clinical ascending cholangitis *or* Total bilirubin >4 mg/dL and dilated common bile duct on US/cross-sectional imaging	Proceed to ERCP
Intermediate	Abnormal liver biochemical tests *or* Age >55 years *or* Dilated common bile duct on US/cross-sectional imaging	EUS, MRCP, laparoscopic IOC, or intraoperative US
Low	No predictors present	Cholecystectomy with/without IOC or intraoperative US

SAGES Risk Factors for Choledocholithiasis

Box 1: Risk Factors for Choledocholithiasis

- Common bile duct stone on abdominal ultrasound
- Dilated common bile duct
- Clinical evidence of acute cholangitis
- Total bilirubin > 1.7mg/dL

*Presence of ≥2 factors suggests high probability while presence of 0 factors suggest low probability