

Tokyo 2018 Guidelines - Diagnostic criteria for acute cholangitis

Diagnostic criteria:

A. Systemic Inflammation

1. Fever and/or shaking chills
2. Laboratory data: Evidence of inflammatory response (leukocytosis or leukopenia, increase of serum PCT, C-reactive protein level)

B. Cholestasis

1. Jaundice- increased bilirubin
2. Abnormal liver enzymes

C. Imaging

1. Biliary dilatation by US or CT abdomen or MRI/MRCP
2. Evidence of the etiology on imaging (stricture, stone, stent etc.)

Diagnosis

- *Suspected: One item in A + one item in either B or C*
- *Definite: One item in A, one item in B, and one item in C*

Classification

Severe acute cholangitis

- *Associated with the onset of dysfunction at least in any one of the following organs/systems:*
 - Hypotension requiring vasopressors
 - Disturbance of consciousness
 - PaO₂/FiO₂ ratio <300
 - Oliguria, Serum creatinine >2.0mg/dl
 - PT-INR >1.5
 - Platelet count <100,000

Moderate acute cholangitis

- Associated with any two of the following conditions:
 - Abnormal WBC count (>12000 <4000)
 - High fever (≥39°C)
 - Age ≥75 years old
 - Total Bilirubin ≥5 mg/dL
 - Hypoalbuminemia (<STD*x0.7)

Mild acute cholangitis: acute cholangitis that does not meet the criteria of severe or moderate acute cholangitis at initial diagnosis.

Treatment

- IVF
- Intravenous administration of analgesics
- Antibiotics as soon as a diagnosis has been made
- Biliary drainage, and culture the blood or bile, or both if the condition is sufficiently severe