An unusual cause of acute cholangitis

Endoscopic treatment can be challenging in patients presenting with biliary adverse events and a biliodigestive diversion. Multiples approaches have been described. In the past decade, an overall technical success of 80–86% [1–3] of enteroscopy-assisted endoscopic retrograde cholangiopancreatography (ERCP) has been described. Herein, we report the original case of a 65-year-old patient with sickle cell disease who was referred to our department for an unusual acute cholangitis. The patient had undergone biliodigestive anastomosis and Roux-en-Y jejunal loop 25 years ago because of refractory macrolithiasis of the common bile duct. Of note, patients with sickle cell disease are prone to developing biliary adverse events [4].

The patient presented with fever and jaundice. The abdominal computed tomography (CT) scan confirmed the dilatation of the whole biliary tract and revealed a contiguous dilatation of the jejunal loop upstream of an impacted stone of 30 mm (Fig. 1). Once the absence of another cause of biliary obstruction was confirmed by magnetic resonance cholangiopancreatography (MRCP) [5], hybrid enteroscopy-assisted ERCP was proposed for the patient.

The enteroscopy was performed under general anesthesia, using a 3.2-mm working channel double-balloon enteroscope (EN-580T, Fujifilm, Tokyo, Japan). The push-and-pull technique was used to progress through the small bowel and the biliary loop was easily catheterized. Approximately 40 cm beyond the anastomosis, we identified a large biliary stone completely obstructing the lumen, impacted on a relative stenosis (Fig. 2). Lithotripsy was performed using 30-mm braided snare (Lariat; Life Partners Europe, Bagnolet, France) (Video 1). After multiple passes, the stone was completely broken up and the obstruction eliminated. The patient recovered well and was discharged 3 days later. The abdominal CT scan performed 1 month later confirmed the absence of residual stones.

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Competing interests

The authors declare that they have no conflict of interest.
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References


