

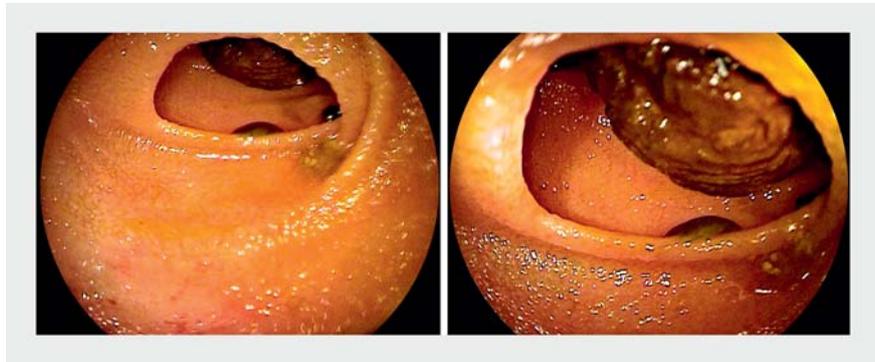
## An unusual cause of acute cholangitis

Endoscopic treatment can be challenging in patients presenting with biliary adverse events and a biliodigestive diversion. Multiple 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.

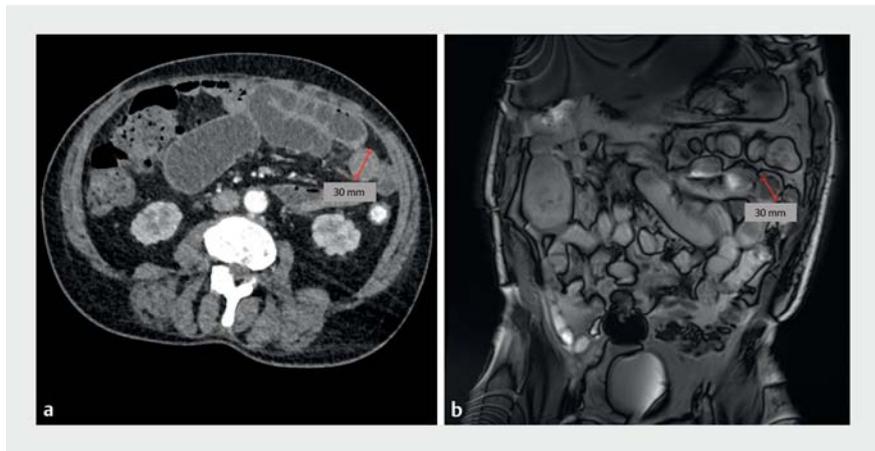
Herein, we report the original case of a 65-year-old patient with sickle cell disease who was referred to our department for an unusual acute cholangitis. The patient had undergone biliodigestive anastomosis and Roux-en-Y jejunal loop 25 years ago because of refractory macrolithiasis of the common bile 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



► Fig. 1 Digestive radiological exam revealed a contiguous dilatation of the biliary loop to the biliary tree upstream of a 35-mm impacted stone. **a** Abdominal computed tomography scan. **b** Magnetic resonance cholangiopancreatography.



► Fig. 2 Endoscopic view of a large biliary stone (30 mm) obstructing the whole digestive lumen. Of note, the stone was impacted on a relative non-ulcerated stenosis.

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.

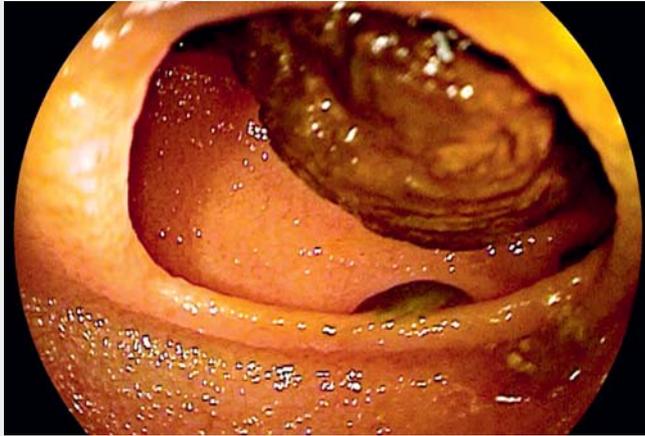
Endoscopy\_UCTN\_Code\_TTT\_1AR\_2AH

### Competing interests

The authors declare that they have no conflict of interest.

### The authors

Guillaume Perrod, Enrique Pérez-Cuadrado-Robles, Hedi Benosman, Hadrien Alric, Christophe Cellier, Gabriel Rahmi  
Gastroenterology and Digestive Endoscopy Department, Georges Pompidou European Hospital, AP-HP Centre – Université de Paris, Paris



**Video 1** An unusual cause of acute cholangitis.

## Corresponding author

### Guillaume Perrod, MD

Gastroenterology and Digestive Endoscopy  
Department, Georges Pompidou European  
Hospital, AP-HP Centre – Université de Paris,  
20 Rue Leblanc, 75015 Paris  
guillaume.perrod@aphp.fr

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*Endoscopy* 2022; 54: E314–E315

DOI 10.1055/a-1525-1824

ISSN 0013-726X

published online 9.7.2021

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Georg Thieme Verlag KG, Rüdigerstraße 14,  
70469 Stuttgart, Germany

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