A 56-year-old woman presented with a 1-month history of right upper quadrant abdominal pain after a laparoscopic cholecystectomy for gallstones. Her medical history included endoscopic retrograde cholangiopancreatography (ERCP) performed 4 months prior to the laparoscopic cholecystectomy for the treatment of common bile duct (CBD) stones. During this procedure duodenal ulcers had also been found at the duodenal bulb and she had therefore taken proton pump inhibitors (PPIs) for 3 months.

Physical examination revealed tenderness in the right upper quadrant of her abdomen. Abdominal ultrasonography showed that the bile ducts were not dilated. Esophagogastroduodenoscopy (EGD) revealed an ulcer with a wire-like object protruding from it in the duodenal bulb. An abdominal computed tomography (CT) scan showed part of a surgical clip (arrow) in the lumen of the postbulbar zone of the duodenum, indicating bowel penetration.

The patient’s abdominal pain subsided gradually after further PPI use. An EGD performed 1 month later showed improvement in the appearance of the ulcer, but further protrusion of the clip; mild bleeding after the clip had been retrieved using biopsy forceps.

Surgical clip-related complications after laparoscopic cholecystectomy can include clip migration into the CBD, bile leak, and clip embolism [1]. A surgical clip-related duodenal ulcer is a rare complication after laparoscopic cholecystectomy and may be caused by two proposed mechanisms [2]. First, as the clip lies adjacent to the duodenum and may directly erode the duodenal wall, it emerges in the base of the ulcer. Second, a pre-existing ulcer can transiently perforate and capture the clip during the healing process.

The management of a surgical clip that is present in a duodenal ulcer remains controversial. Although spontaneous detachment of such clips has been reported [3], endoscopic clip removal is recommended [1].

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Ming-Che Hsin1, I-Chang Lin2, Chi-Ming Tai3
1 Department of Surgery, E-Da Hospital, I-Shou University, Kaohsiung, Taiwan
2 Department of Radiology, E-Da Hospital, I-Shou University, Kaohsiung, Taiwan
3 Department of Internal Medicine, E-Da Hospital, I-Shou University, Kaohsiung, Taiwan

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Corresponding author
Chi-Ming Tai, MD
Department of Internal Medicine
E-Da Hospital
1, E-Da Rd, Jiau-Shu Village
Yan-Chau District
Kaohsiung 824
Taiwan ROC
chimingtai@gmail.com