Endoscopic treatment of a choledochocele

Cholelithiasis is a condition characterized by the presence of stones in the gallbladder or bile ducts. These stones can cause pain, inflammation, and obstruction of the bile ducts, leading to complications such as jaundice and pancreatitis. Understanding the disease and its management is crucial for healthcare professionals.

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A 58-year-old woman, with a history of cholecystectomy, presented with acute pancreatitis. The etiological investigation found a choledochocele on magnetic resonance cholangiopancreatography. She was referred to North Hospital for endoscopic resection of the choledochocele.

Endoscopic retrograde cholangiopancreatography (ERCP) showed a 1.0-cm cystic mass to the proximal side of the major papilla, which suggested a type IIIA choledochocele. In the first step, a 25×55mm snare (Cook Medical, Bloomington, Indiana, USA) was deployed around the choledochocele. The snare was adjusted to capture the cystic dilatation and the major papilla, and then a resection was performed using endocut mode.

In the second step, the bile duct was cannulated using a CannulaTome (Cook Medical) in order to place a 10 Fr×9 cm plastic biliary stent (Cook Medical) following biliary sphincterotomy. The pancreatic duct was then cannulated and a 5Fr×3 cm plastic stent (Cook Medical) was placed. The procedure was performed using carbon dioxide insufflation. The procedure was effective at preventing post-ERCP pancreatitis. The resection was performed without complication. The choledochocele was resected completely, and was 11 mm long in the major axis. Histological analysis confirmed the presence of a cystic lesion, with part duodenal and part biliary epithelia, and no tumor or dysplasia evident.

References


Competing interests: None

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