Successful removal of an impacted stone in the common bile duct by electric lithotripsy using a needle-knife and a forward-viewing endoscope

Although stones in the common bile duct (CBD) can be endoscopically removed [1,2], stone impaction in the CBD occasionally occurs as a severe complication [3, 4]. We encountered a case of stone impaction in the CBD after endoscopic papillary balloon dilation (EPBD), which could be successfully treated by electrically cutting the stone using a needle-knife.

A 68-year-old man visited our hospital because of acute cholangitis. Abdominal computed tomography revealed a calcified stone of 10 mm in diameter in the CBD (Fig. 1). After obtaining informed consent, we attempted endoscopic retrograde cholangiopancreatography (ERCP) using a duodenoscope (JF260V; Olympus, Tokyo, Japan), and diagnosed choledocholithiasis (Fig. 1).

We performed EPBD (QBD-8X3; Cook Medical, Inc., Bloomington, Indiana, USA) (Fig. 2). Although we attempted stone extraction using a basket catheter (Nitinol-lithotomy basket, 4 wires, 25×40 mm; MTW Endoskopie, Wesel, Germany), the stone was tightly impacted within the biliary orifice (Fig. 3). After cutting and removing the outer sheath of the impacted catheter, we exchanged the instrument to a forward-viewing endoscope (GF-Q260; Olympus) with a hood (Elastic Touch, slit&hole, F-010; Top Corp., Tokyo, Japan) attached to its tip. After positioning the endoscope close to the impacted stone, we electrically cut the stone using a needle-knife (KD-1L-1; Olympus) (Forced Coagulation 50 W, ICC200; Erbe, Tübingen, Germany) under direct visualization, in a fashion similar to the technique of endoscopic submucosal dissection [5] until stone reduction was confirmed (Fig. 4; Video 1). After breaking the stone with grasping forceps (FG-47L-1; Olympus) (Fig. 4);

▶ Video 1: In the present case a bile duct stone was tightly impacted within the biliary orifice after endoscopic papillary balloon dilation. We electrically cut the stone using a needle-knife under direct visualization, in a fashion similar to the technique of endoscopic submucosal dissection, and then broke it with grasping forceps. An endoscopic view of electrical lithotripsy using a needle-knife is shown.
we could easily extract the impacted stone by pulling the impacted wire through the duodenoscope, which had been inserted to the second part of the duodenum using the wire for guidance (Fig.5). No adverse events occurred during or after the procedure. This technique has been suggested to be useful for the retrieval of impacted stones associated with ERCP. However, its reported use is limited to case reports; therefore, further evaluation should be performed in the future.

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Competing interests

None

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