A 65-year-old man with situs inversus was admitted with jaundice, nausea, and upper abdominal pain. A computed tomography scan confirmed the diagnosis of situs inversus totalis and revealed a large stone in the main bile duct with distal stenosis.

The patient and endoscopist were positioned in the usual manner during endoscopic retrograde cholangiopancreatography (ERCP). As a result of the anatomical abnormality, the duodenoscope was rotated through 180° in D2 to enable visualization of the ampulla. After wire-guided cannulation, fluoroscopy showed two giant stones (23 mm each) in the main bile duct. Mechanical lithotripsy was attempted but was unsuccessful. Three days later, intraductal cholangioscopy using the SpyGlass DS system (Boston Scientific Inc., Marlborough, Massachusetts, USA) and laser lithotripsy were performed successfully. A fully covered, biliary, self-expandable metal stent was placed (Video 1) across the stenosis in the distal bile duct. Fragmentation of the large stones was noted, and the patient was asymptomatic 6 weeks later.

This is the first case report of a patient with complete situs inversus where ERCP, SpyGlass, and laser lithotripsy were used successfully. A fully covered, biliary, self-expandable metal stent was placed (Video 1) across the stenosis in the distal bile duct. Fragmentation of the large stones was noted, and the patient was asymptomatic 6 weeks later.

Endoscopy_UCTN_Code_TTT_1AR_2AI

Competing interests
None

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Video 1 Endoscopic approach in situs inversus.
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DOI https://doi.org/10.1055/s-0043-115106
Published online: 18.7.2017
Endoscopy 2017; 49: E248–E249
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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