Intestinal bowel perforation and bacterial peritonitis secondary to migrated biliary and pancreatic stents

Case report ▼

Intestinal bowel perforation by migrated biliary or pancreatic stent is a rare complication that can occur anywhere in the gastrointestinal tract [1–5]. We report two patients with intestinal perforation and bacterial peritonitis secondary to a migrated stent from the common bile duct and pancreatic duct.

A 43-year-old male with chronic pancreatitis, who underwent an endoscopic cystogastrostomy for a pseudocyst and pancreatic stents, percutaneous drainage of purulent ascites, intra-abdominal free air, and pancreatic calcifications. Abdominal computed tomography (CT) scan showed ascites, intra-abdominal free air, and pancreatic calcifications.

Fig. 1 Curved multiplanar reformation CT image showing a pancreatic stent perforating the duodenum, ascites, intra-abdominal free air, and pancreatic calcifications.

Fig. 2 Abdominal CT showing biliary stent perforating the ileum and ascites.

Fig. 3 Curved multiplanar reformation CT image showing distal end of the biliary stent perforating the ileal wall.

of the ileum by the migrated biliary stent (Fig. 2 and 3). Because she developed septic shock, the biliary stent was surgically removed and primary repair of the ileal perforation was performed. The patient is still recovering.

The possibility of intestinal bowel perforation secondary to migrated biliary or pancreatic stent should be considered in patients presenting with abdominal pain after ERCP placement of stents. The choice between surgical vs. conservative management should be individualized and depends on the size and site of the perforation and any co-morbidity in the patient [2,5].

References


Bibliography

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