

Forgotten biliary endoprosthesis. “Follow up” after 10 years

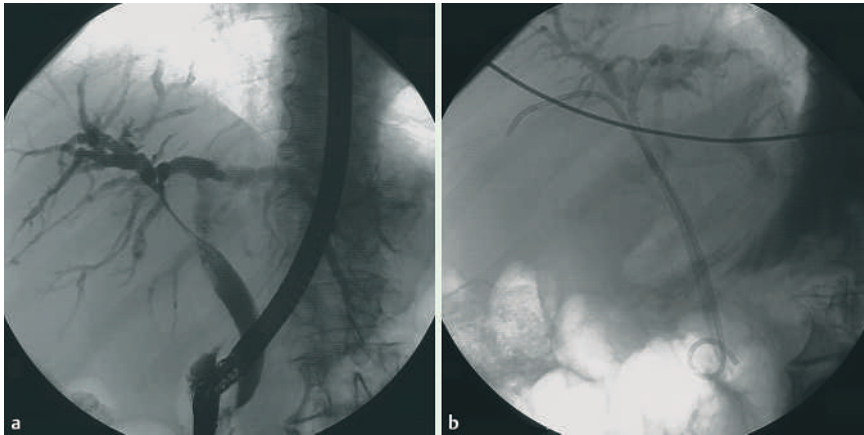


Fig. 1 Endoscopic retrograde cholangiography showing a stricture of the common bile duct below the hepatic hilus in 1997 (a). Cholangiogram after endoscopic papillotomy and placement of one 10 cm, 10 Fr plastic stent into the left biliary hepatic duct and one 10 cm, 10 Fr double-pigtail-stent into the right biliary hepatic duct (b).

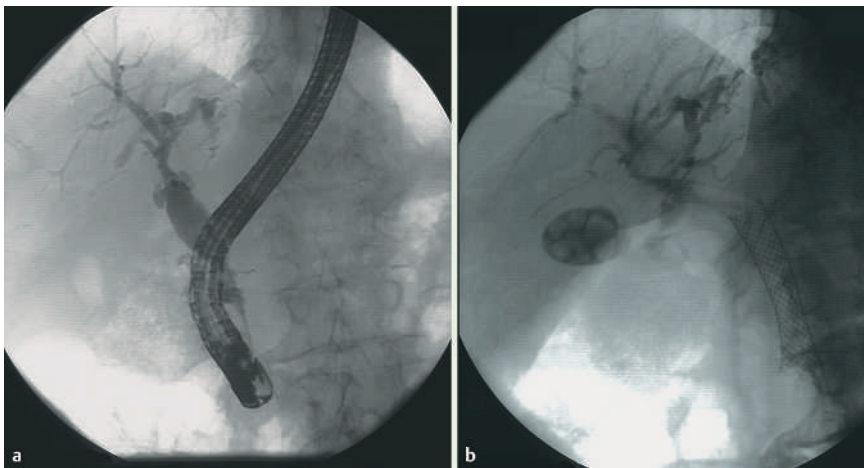


Fig. 3 Endoscopic retrograde cholangiography showing a short tracked stricture of the distal common bile duct in 2007 (a), and after insertion of a metal stent (b).

A 97-year-old male presented at our clinic with progressive jaundice and fever. Ten years previously he had experienced the same symptoms. At that time a carcinoma of the gall bladder with an infiltrative growth and consecutive constriction of both biliary hepatic ducts was diagnosed via sonography and computed tomography. A palliative biliary drainage was conducted, endoscopic retrograde cholangiography (ERC) revealed a 3 cm stricture of the common bile duct below the hepatic hilus, and two plastic stents were inserted (● Fig. 1 a, b). Over the following 10 years the patient remained symptom free. Then he presented at our clinic with

the same symptoms, and cholecystolithiasis was detected sonographically; a tumor was identified. During ERC two occluded stents were extracted (● Fig. 2). The biliary tract displayed a short stricture of the distal common bile duct. The formerly described 3-cm stricture of the common bile duct below the hepatic hilus was no longer present. After a single plastic stent was placed, cholestasis parameters returned to normal. Three months later, reassessment by means of ERC showed stable findings, and we therefore inserted a metal stent as a definite therapy (● Fig. 3 a, b). This therapy

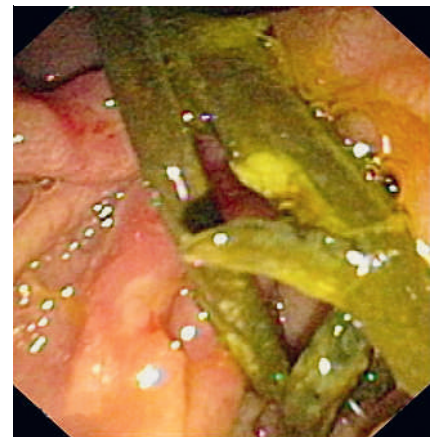


Fig. 2 10-year-old clogged stents in situ.

will hopefully achieve the same patency time as that of the plastic stents. In the light of the presented findings, the former diagnosis has to be discarded. We have to assume that the inflammation of the gall bladder and the bile ducts was mistaken for a carcinoma with an infiltrative growth. The hilar stricture had considerably regressed over the course of 10 years of „continuous dual-stenting-therapy“. Whether the stents occluded before and operated as place holders or indeed kept on draining bile remains unclear. However, this is the first time that a plastic-stent remained in the common bile duct for such a long period.

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Bibliography

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