



An Impacted CBD Calculus in Ampulla If Vater: A Cause If Failure If ERCP

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Keywords

CBD; ERCP; MRCP

Clinical Image

A 70 years female presented with complaints of pain abdomen since 1 month and jaundice since 10 days. On Ultrasound she was diagnosed with Cholelithiasis and Choledocholithiasis with dilated Common Bile Duct (CBD) and IHBR which was later confirmed on MRCP. On ERCP, the CBD stone could not be extracted but stent was inserted to relieve the jaundice. She came to my OPD for pain abdomen off & on with no jaundice. After thorough examination, she was planned for Laparoscopic Cholelithiasis with CBD exploration. On CBD exploration, there was an impacted calculus in the ampulla of vater. The Impacted stone was extracted laparoscopically which was of Club-shape, which is not very common (Figure 1). On choledochoscopy and saline irrigation no ther calculus was noted and closed with T- tube. There were around 400-500 bile collection noted in 24 hours on third post-op day onwards. T-tube cholangiogram revealed distal obstruction with no left over calculus. On ERCP there was stenosis of the Ampulla of vater and EPT done. Impaction at the ampulla of vater can cause cholangitis as well as pancreatitis and urgent removal is critical [1,2]. Strictures below the stone, stenosis of the intrapancreatic CBD or difficult anatomic access to the papilla caused by duodenal diverticuli are some conditions which increases the rate of unsuccessful stone removal [3]. Stone removal can be difficult and unsuccessful in <10% of cases when managing large, barrel-shaped, piston like, multiple stones, strictures CBD or in case of altered anatomy [4].

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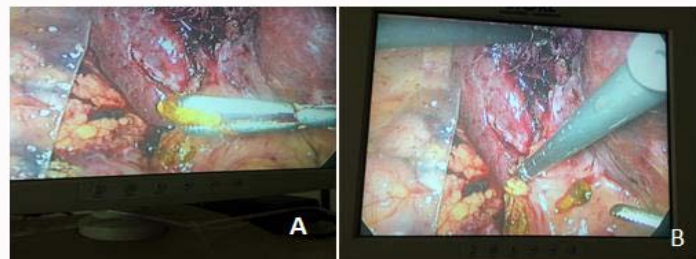


Figure 1: Impacted stone was extracted laparoscopically which was of Club-shape, which is not very common.

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