

Management of difficult biliary stone in critically ill patient

A case report of a step-up approach

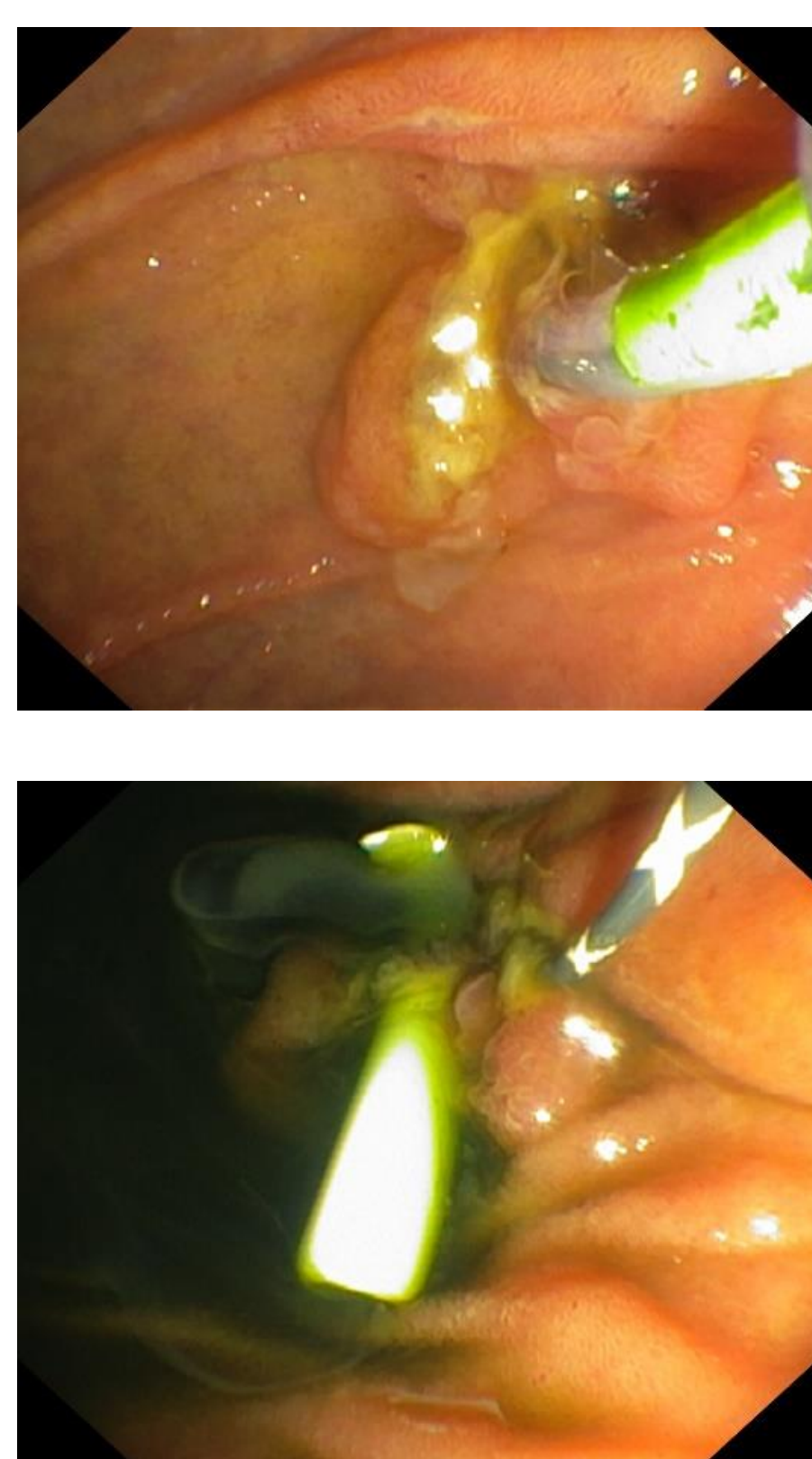
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INTRODUCTION

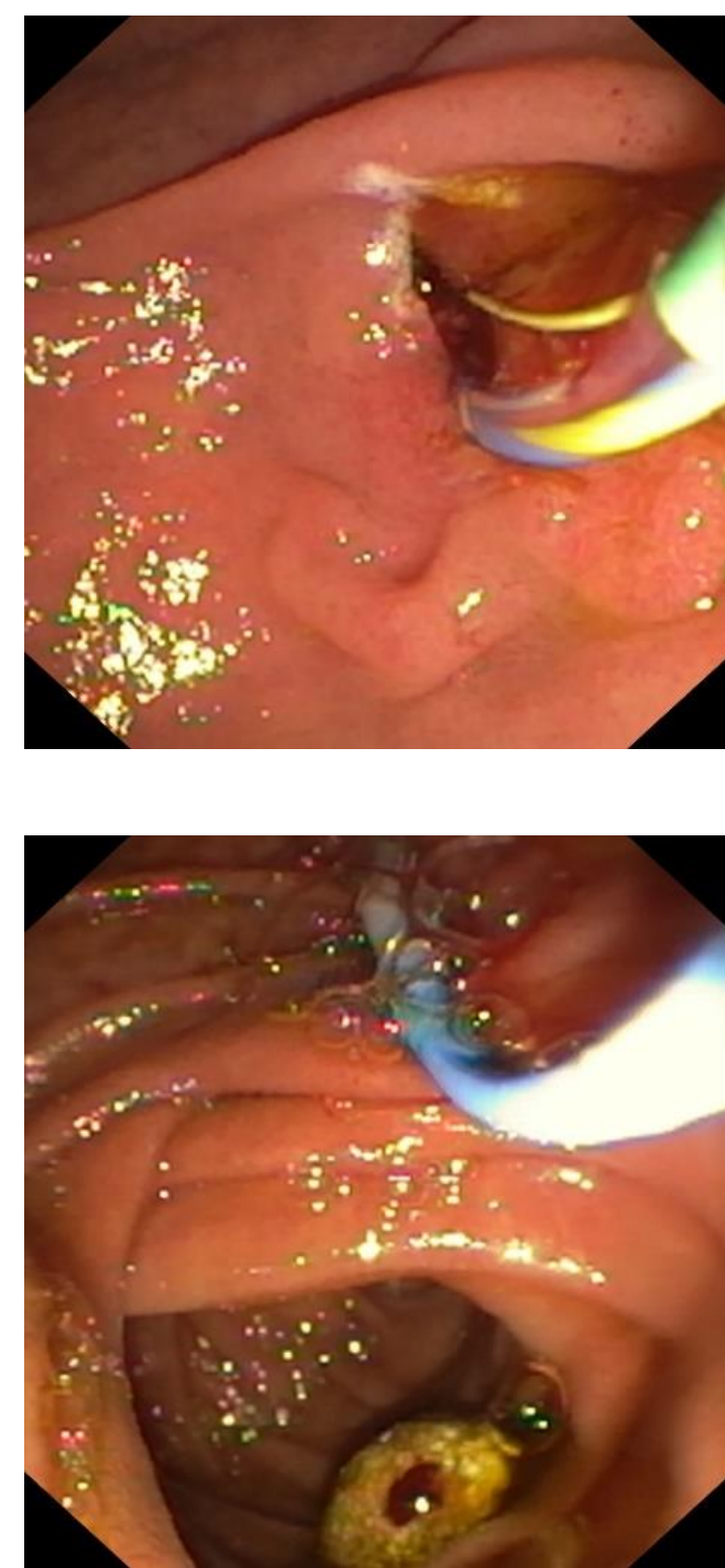
Difficult biliary stones represent a challenging entity due to the natural course of the illness and the difficulties in its management. Prevalence of CBD stones is estimated to be between 8% – 18%. CBD stones develop complications with 25% chance within 4 years following cholecystectomy if left in situ, compared to 13% if removed.

Case presentation: a 31 years old female patient presented with obstructive jaundice at a county hospital where at ERCP biliary cannulation is not successful (pre-cut EST done); left hospital at her own risk. 7 days later she was admitted to our ICU due to cholangitis, septic shock, MOF in unstable, serious clinical condition with coagulopathy.

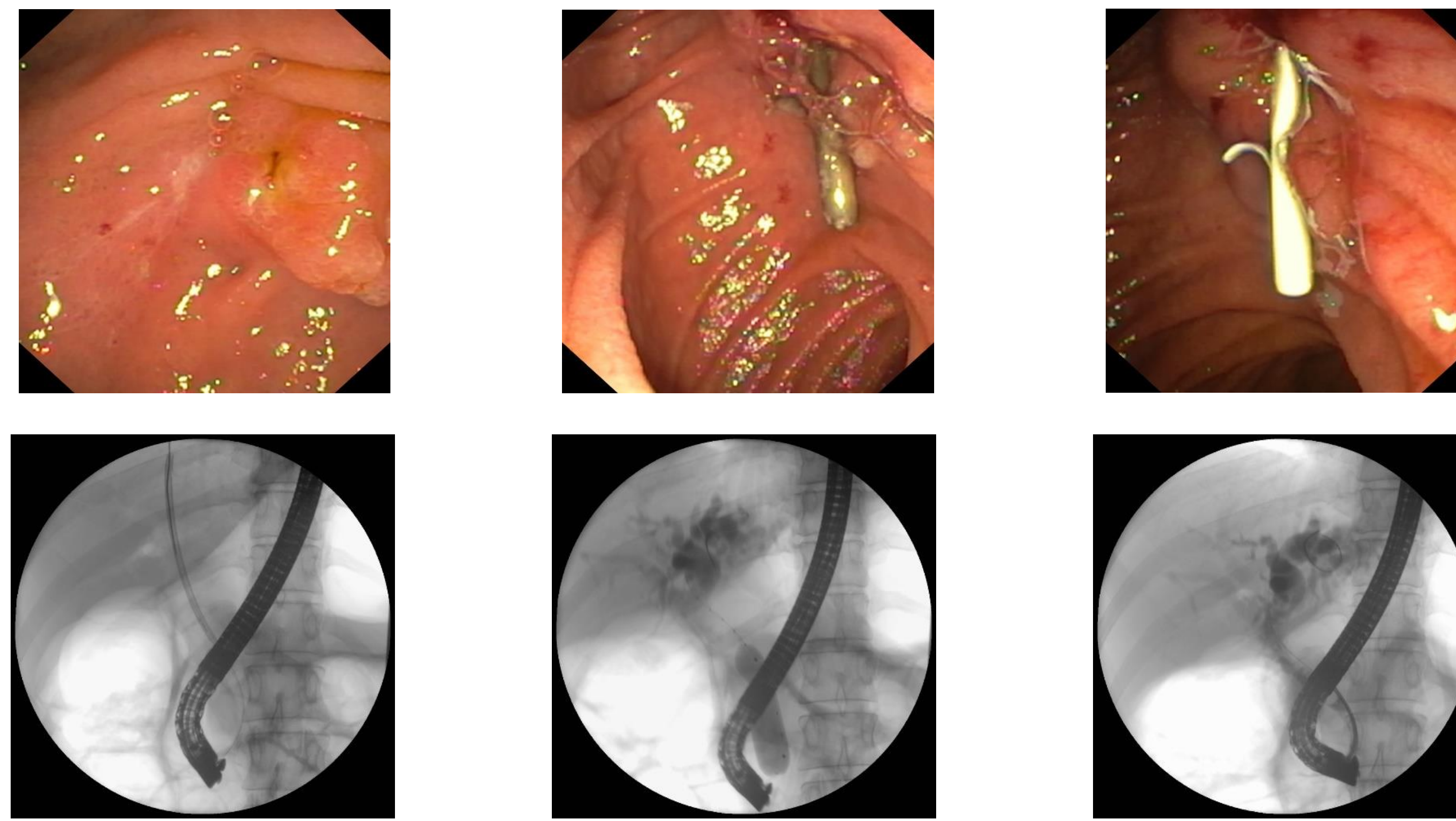
1st step: Bedside ERCP – stenting without EST



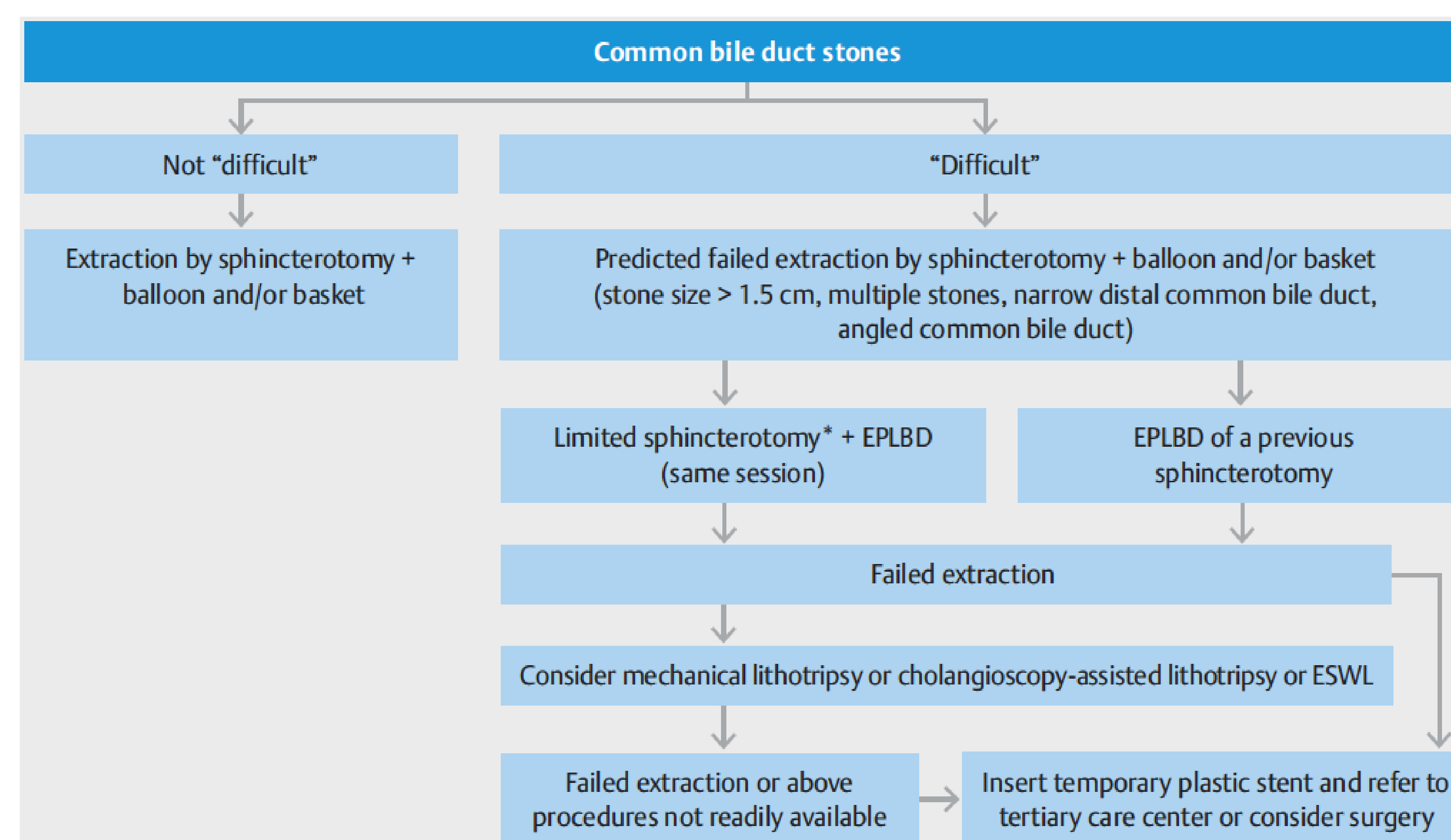
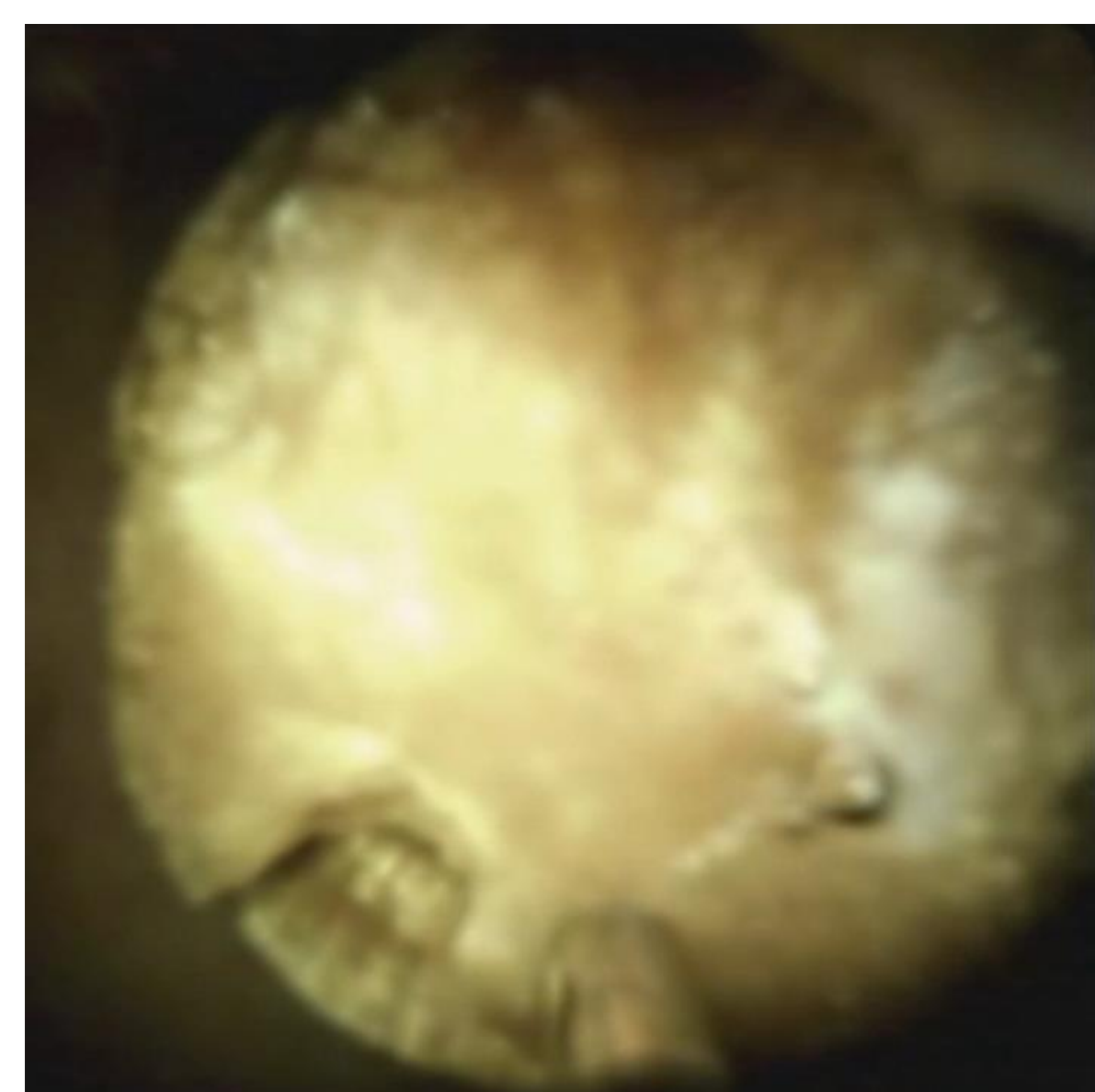
2nd step: 1st scheduled ERCP – stent removal, partial stone extraction



3rd step: 2nd scheduled ERCP – migrated stent removal, failed biliary clearance



4th step: 3rd scheduled ERCP – cholangioscopy + EHL, biliary clearance



DISCUSSION

Our case highlights the importance of stone size assessment relative to the size of sphincterotomy and distal CBD (ratio). Further on, it demonstrated that cholangioscopy-assisted intraluminal lithotripsy is an effective and safe treatment of difficult bile duct stones.