Abstract

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A novel method of endoscopic removal of a choledochus stump stone

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Case Report: A 50-year-old woman with a previous choledochectomy and hepaticojejunostomy reconstruction for a Type III choledochal cyst presented with recurrent severe abdominal pain. The computed tomographic scan showed a 1.2 cm calculus within a 3.5 cm remnant choledochus stump. Previous endoscopic retrograde cholangiopancreatography cannulation and precut sphincterotomy had failed to gain access into the choledochus. The remnant choledochus was accessed by endoscopic ultrasound needle puncture followed by a transduodenal placement of a plastic stent. A Nagi expandable metal stent was exchanged for the plastic stent after allowing the choledochoduodenal tract to mature over a few weeks. The Nagi stent was allowed to expand, resulting in the stone dropping out spontaneously within 2 weeks. A sphincterotomy of the major papilla was also performed after an antegrade rendezvous technique. The patient’s symptom subsided after the successful removal of the stone. Conclusion: This case illustrates a novel method of removing a choledochus stump stone.

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