

## PICTURES IN DIGESTIVE PATHOLOGY

### Small bowel obstruction after ERCP

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Endoscopic retrograde cholangiopancreatography (ERCP) with endoscopic sphincterotomy is the treatment of choice for common bile duct (CBD) stones. The complication rate is 5-10% with a mortality rate between 0.5-1.0%.

Post-ERCP complications are usually apparent within three days of the procedure, and rarely present after the 12<sup>th</sup> day. Pancreatitis and bleeding are the most common complication. Gallstone ileus after ERCP with CBD removal is exceedingly rare.

#### CASE REPORT

A 66 years old male was admitted for cholangitis with obstructive jaundice. Transabdominal US showed cholelithiasis with a 20 mm CBD compatible with choledocholithiasis. He had a history of bilateral inguinal hernia repair, appendectomy and pyloroplasty.

At ERCP a prior small sphincterotomy was enlarged, the papilla was balloon dilated, and all 12 stones found (largest diameter, 25 mm) were removed from the CBD.

After ERCP the patient had bilious vomiting with dilated small bowel loops on abdominal X ray and aerobilia (Figs. 1 and 2). Abdominal CT on day 10 showed a dilated stomach and jejunal loops, with a stone lodged inside the lumen at the terminal ileum (Fig. 3). Emergent laparoscopic surgery was undertaken, where adhesions were found in the left inguinal area, with dilated and torqued small bowel loops. The adhesions were cut, freeing the bowel loop, and cholecystectomy was carried out.

#### DISCUSSION

Prolonged ERCP with insufflation estimated at over 6 liters of room air in the setting of prior adhesions, triggered in this case small bowel obstruction. This unusual complication has not been reported before. Use of carbon dioxide instead of room air, as it is done in laparoscopy, may prevent this complication in the future.



Fig. 1. Obstruction of the small bowel.



Fig. 2. Aerobilia.

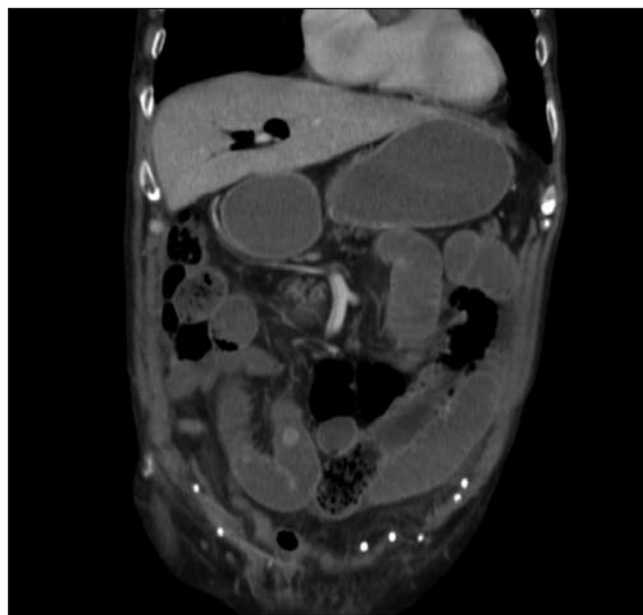


Fig. 3. Gastric dilatation, small bowel dilatation, intraluminal lithiasis.

## REFERENCES

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