

中文題目：遠端膽道異物造成膽管阻塞與急性胰臟炎

英文題目：Acute pancreatitis with biliary obstruction due to foreign body at distal common bile duct

作者：梁美娟¹，陳彥均²，

服務單位：¹ 大林慈濟醫院內科；² 大林慈濟醫院腸胃內科；

Introduction:

Acute pancreatitis, an inflammatory disorder of the pancreas, is the leading cause of admission to hospital for gastrointestinal disorders.¹ Gallstones and alcohol misuse are the main risk factors for acute pancreatitis.¹ Foreign bodies in common bile duct (CBD) are rare. Obstructive jaundice in patients who have undergone cholecystectomy may be due to a variety of causes.² Common causes of obstruction are residual stones, inflammatory or ischemic strictures following CBD injury during cholecystectomy or malignant strictures.² We present a case of acute pancreatitis with biliary obstruction due to surgical clip dislodged at CBD after cholecystectomy.

Case presentation:

This 56-year-old man had the history of viral hepatitis C infection with complete treatment, gallbladder polyp post status cholecystectomy about 6 years ago. He is presented to our hospital with the chief complaint of epigastric pain for 3 days. He suffered from epigastric pain with radiation to back, decreased appetite and pain was aggravated by ingestion. Laboratory data revealed elevation of lipase (2124 IU/L). Contrast abdominal computed tomography (CT) demonstrated foreign body in distal CBD, pancreatic duct mild dilatation and fat stranding of pancreas. Endoscopic Retrograde Cholangiography and pancreatography (ERCP) was arranged and one dark green to black clip-like substance was extracted with spiral basket. After ERCP with surgical clip extraction, clinical condition was improved and the patient was discharged.

Discussion:

Surgical clip migration into the common bile duct is a rare but well known complication of biliary surgery. The migrating endoclip are found to be lying freely in the bile duct or embedded inside of a stone.³ However, the true incidence of this complication is unknown. The possible mechanism associated with migration of endoclip include a patent cystic duct due to ineffective clipping or local inflammation around the endoclip.³ The exact mechanism of endoclip migration is unclear. The symptoms with abdominal pain, fever, and jaundice develops as a result of biliary obstruction or sepsis caused by an ascending cholangitis and pancreatitis. The diagnosis should be suspected based on noninvasive imaging such as x-ray, ultrasound, or CT.³ In our patient, the surgical clip in the distal CBD and caused acute pancreatitis with biliary obstruction. Endoscopic sphincterotomy and extraction is the appropriate treatment for a bile duct stone due to a migrating clip or a migrating clip itself.³ However, when endoscopic treatment fails, surgical intervention can be preformed.

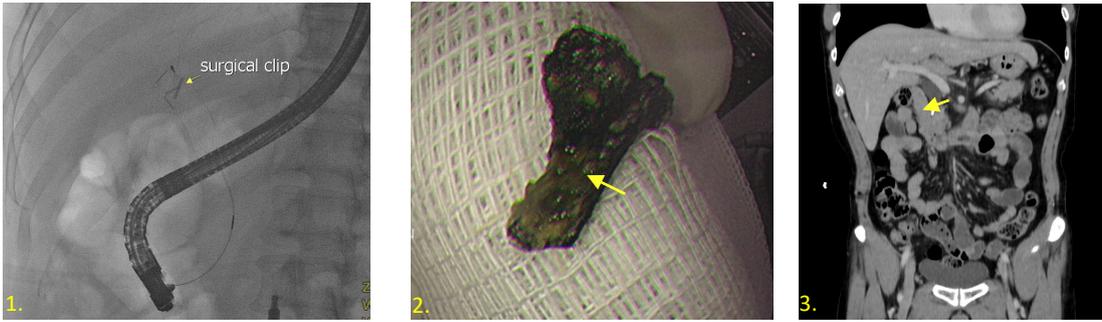


Fig.1. Endoscopic retrograde cholangiopancreatography (ERCP) image showing surgical clip (Arrow) at CBD

Fig.2. Surgical clip embedded in stone (Arrow)

Fig.3. Abdominal contrast CT coronal view showing foreign body at CBD

References :

1. Lotte Boxhoorn, MD, Rogier P Voermans, MD. et al. Acute pancreatitis *The Lancet* 2015; 386, (9988): 85-96
2. Pankaj N. Desai, Chintan N. Patel, et al. Foreign bodies in common bile duct in post cholecystectomy status-case series of 8 cases—A single center experience in western India *International Journal of Gastrointestinal Intervention* 2021;10:84–88
3. Su Lim Lee MD, et al. Acute obstructive cholangitis due to foreign body in the common bile duct *Electronic clinical challenges and images in GI* Volume 139, issue 4, E3-E4, October 01, 2010.