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Summary

PERCUTANEOUS TRANSHEPATIC CHOLANGIOSCOPY FOR ELECTROHYDRAULIC LITHOTRIPSY AFTER PANCREAS-PRESERVING DUODENECTOMY: AN UNEXPECTED FINDING

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Hepatobiliary

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A 79-year-old patient with prior pancreas-preserving duodenectomy and Roux-en-Y anatomy presented with cholangitis from a 2cm biliary stone, successfully treated with percutaneous transhepatic cholangioscopy, lithotripsy, and incidental discovery of a 12mm choledochal adenomatous polyp.

KEY POINTS

- Percutaneous transhepatic cholangioscopy with electrohydraulic lithotripsy successfully fragmented a 2cm biliary stone above the hepaticojejunal anastomosis when anterograde ERCP was deemed impossible due to altered anatomy.
- A 12mm choledochal adenomatous polyp was incidentally discovered just above the anastomosis during the procedure, with biopsies showing enteric type tubulovillous adenoma with low-grade dysplasia.
- The patient's cholestatic biochemistry almost normalized 14 days following placement of an external-internal percutaneous transhepatic drain.
- This case illustrates management of biliary complications in patients with complex surgical anatomy including prior ampullary resection and Roux-en-Y reconstruction.

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