RECURRENT SYMPTOMATIC BILIARY OBSTRUCTION DUE TO DUODENO-BILIARY REFLUX OF FOOD. A LARGELY UNKNOWN LONG-TERM COMPLICATION OF ENDOSCOPIC BILIARY SPHINCTEROTOMY

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A retrospective single-center study of 12 patients identifies duodenal reflux of food into the bile duct as an underrecognized long-term complication of endoscopic sphincterotomy, with surgical treatment showing favorable long-term outcomes.

KEY POINTS

- Twelve patients who had undergone cholecystectomy and endoscopic sphincterotomy for gallstone disease developed recurrent biliary obstruction from duodenal reflux of food, confirmed by pathological examination of extracted material.
- The median diagnostic delay was 3.3 years from first symptoms, with patients requiring a median of 9.5 ERCPs before surgery; all presented with episodic abdominal pain and 9 had cholangitis episodes.
- Conservative management with antibiotics and ursodeoxycholic acid and endoscopic treatments including repeat sphincterotomy and biliary stenting were ineffective.
- Hepaticojejunostomy with partial resection or ligation of the common bile duct resulted in 90% of patients being asymptomatic at median 8.9-year follow-up, with high patient satisfaction despite some surgical complications.
- The authors suggest this diagnosis should be considered in patients with recurrent stones or sludge after prior endoscopic sphincterotomy.

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