

RARE CAUSE OF ACUTE BILIARY PANCREATITIS IN A PEDIATRIC PATIENT

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Poster

Hepatobiliary

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A 7-year-old male with acute biliary pancreatitis secondary to choledocholithiasis and pancreatobiliary maljunction type B was managed with ERCP, sphincterotomy, stone extraction, and biliary stenting, with persistent stenosis requiring planned surgical intervention.

KEY POINTS

- Initial imaging with ultrasound and MRCP identified choledocholithiasis with a stone impacted in the papilla of Vater, biliary obstruction, hydropic gallbladder, and pancreatobiliary maljunction type B.
- ERCP was performed with sphincterotomy, removal of the suprapapillary gallstone, extraction of multiple debris stones (Wirsungoliths), and plastic biliary stent placement to bridge stenosis caused by the maljunction.
- Follow-up ERCP in August 2024 confirmed persistent stenosis, requiring insertion of a second biliary stent for sequential dilatation.
- Despite clinical and laboratory improvement, the stenosis did not resolve, making surgical intervention necessary to prevent future malignant transformation.
- The authors note this case illustrates the importance of advanced imaging, therapeutic ERCP, and multidisciplinary collaboration in managing pediatric acute biliary pancreatitis with anatomical anomalies.

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