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Summary

Understanding and targeting bile stone formation

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UEG Week Barcelona 2026 | Presentation

Paediatrics | Radiology & Imaging | Hepatobiliary | Endoscopy

October 20, 2026

The speaker reviewed the molecular mechanisms, classification, risk factors, and diagnostic approach to bile duct stones, emphasizing cholesterol stones as the most common type and the role of low phospholipid associated cholelithiasis (LPAC) in young patients with recurrent disease.

KEY POINTS

- The speaker stated that the majority of bile duct stones are secondary cholesterol stones migrating from the gallbladder, while about 10% are primary brown pigment stones forming in infected ducts.
- Risk factors are mainly metabolic and exogenous including obesity, diabetes, sedentary lifestyle, and rapid weight loss, which are targets for primary prevention through lifestyle modification and slow weight reduction.
- The speaker reported that ursodeoxycholic acid is recommended by current guidelines for rapid weight loss and bariatric surgery contexts, counteracting biliary cholesterol secretion and interfering with intestinal cholesterol absorption.
- LPAC syndrome occurs in about 1% of hospitalized gallstone patients, usually young women below 40 years, presenting with recurrent stones after cholecystectomy and intrahepatic lithiasis, and carries increased risk of hepatobiliary malignancies.
- Endoscopic ultrasound has nearly 100% sensitivity for bile duct stones and much higher sensitivity than MRCP, with the speaker personally favoring combining EUS with ERCP in the same procedure for moderate probability cases.
- Biliary obstruction can occur without duct dilation in 25 to 40% of cases, and acute presentations may show a hepatitic pattern with elevated ALT due to bile acid toxicity before cholestatic enzymes become induced at 24 to 48 hours.

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