



Large Retained Common Bile Duct Stones: Endoscopic, Percutaneous or Laparoscopic Treatment?

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Clinical Image

Retained Bile Duct Stones (RBDS) appear in 2% of cholecystectomized patients, therefore the risk for developing a wide range of clinical scenarios it's always present, including acute cholangitis and pancreatitis [1,2]. RBDS could be classified in accordance their size and the treatment includes endoscopic percutaneous or laparoscopic approach [3-7]. Despite most of patients with RBDS are treated endoscopically, large stones (higher than 20 mm) represents a challenge due to requirements of lithotripsy (mechanical or laser), plastic stents and multiple procedures [2,5]. Percutaneous treatment is also an option, but it's technically demanding. Lithotripsy, large balloon dilation and at least two procedures are necessary [6]. In patients with large RBDS, without surgical contraindications, our chosen option is the laparoscopic approach base on the effectivity of this procedure [7]. We describe a 65 years-old female patient, with a failed ERCP for extracting a large RBDS (Figure 1). An anterior choledocotomy was performing for stone retrieval (Figure 2). Once a missed stones were ruled out employing flexible cholangioscopy, a primary Common Bile Duct (CBD) closure was carried out (Figure 3). The evolution was uneventfully and during 12 months of follow-up, the patient remains asymptomatic.

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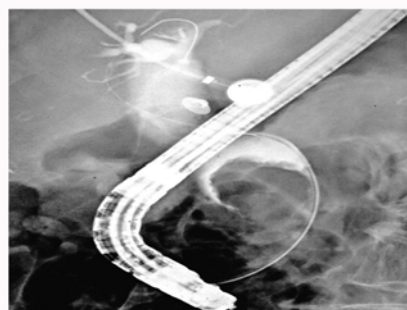


Figure 1: ERCP demonstrating a large RBDS.

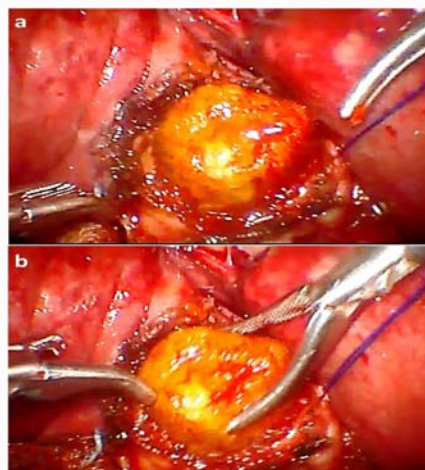


Figure 2: Laparoscopic retrieval of common bile duct stone.

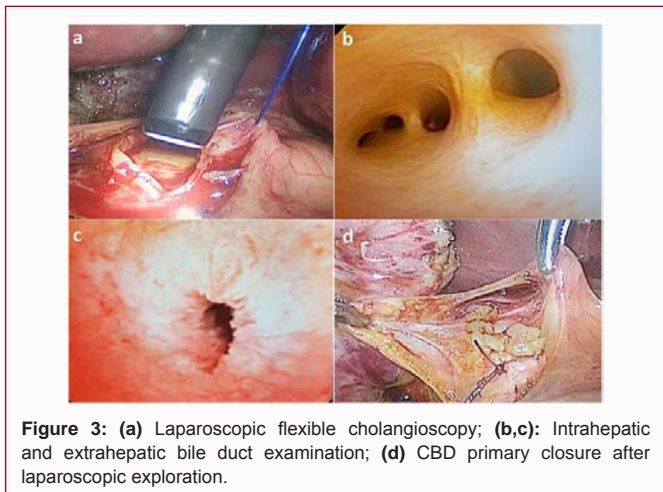


Figure 3: (a) Laparoscopic flexible cholangioscopy; (b,c): Intrahepatic and extrahepatic bile duct examination; (d) CBD primary closure after laparoscopic exploration.

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