

## Case Report



### Pushing A Stone In The Lower Common Bileduct Into The Duodenum

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#### **Introduction**

Stone in the common bile duct ( CBD ) may be asymptomatic or the patient present with pain , jaundice & fever and rigor . ( charcoats triad )<sup>(1, 2, 4)</sup>

Fever and rigor are due to cholangitis , the jaundice is either intermittent or persistent .

#### **Case Report**

A 73 year old man ( Ali Muhammad Salih ) presented with yellowish discoloration of the sclera and skin for one week duration .

The condition associated with fever , upper abdominal pain , pale colour stool and dark colour urine .

Investigations were normal apart from leukocytosis and high serum bilirubin level .  
WBC : 13 . 000 / dl

Serum Alkaline phosphatase : 94 IU . Total serum bilirubin level : 11.6 gm / dl .

ECG was normal . Chest X - ray : shows feature of chronic obstructive airway diseases  
Abdominal ultrasonography revealed distended gall bladder with no gall stones , dilated CBD( 20 mm) with an impacted stone in the distal part of the CBD

As the patient was old , malnourished and heavy smoker and had chronic obstructive air way diseases , so a very short procedure was

needed to decrease the effect of both anesthesia and surgical trauma .

#### **Discussion**

Treatment of stone(s) in the CBD have different choices if its associated with gall stone cholecystectomy should be done .<sup>(2, 3)</sup>

The choices are the following

1.Exploration of the CBD and removal of the stone(s) dilatation of ampulla of vater and a T - tube left behind .<sup>(2, 3)</sup>

2.Exploration of the CBD and removal of all stones then transduodenal sphincterotomy or sphincteroplasty and closure of the CBD with or without T - tube<sup>(2, 3)</sup>

3.Endoscopic sphincterotomy i.e : by ERCP (Endoscopic Retrograde cholangio pancreatography) .<sup>(3)</sup>

4.ECSWL ( extracorporal shock wave lithotripsy ) .

5. Other less applicable methods are cholecystojejunostomy or cholecystostomy & dissolution of the stones .

In our case the patient was chronic smoker and had chronic obstructive air way diseases , cachexic & old , rapid and quick procedure was mandatory .

ERCP & ECSWL were not available , so on doing laparotomy , kocherization of the second part of the duodenum done , pressure applied on the lower part of CBD above the stone by using left thumb and index finger . The stone pushed into the duodenum, then pushed back into the stomach and removed

from a small incision in the anterior wall of the stomach as opening the duodenum has a high chance of post operative duodenal fistula , the incision of the stomach wall sutured and then the abdominal wall closed in layers .

Post operatively the patient did well and the serum bilirubin decreased to the normal level

### **Conclusion**

Stone in the CBD may be treated by pushing the stone into the duodenum using pressure on the lower CBD this procedure causes less operative trauma to the patient and takes a very short time

### **References**

- Bailey & love's – short practice of surgery 22<sup>nd</sup> edition . chapter 47 p - 744 .  
Maingot 's Abdominal operation tenth edition p – 1744 , p – 1882 .  
Farquharson s text book of operative surgery , seventh edition p – 394  
Principle of surgery , Schwartz , seventh edition .aircoundation