

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Gastroenterology-Endoscopy Quiz – Case 7

A 62 year-old female patient with a history of a surgically removed carcinoma of the gallbladder one year before, presented with painless jaundice starting one month ago. Physical examination revealed no abnormal findings. Patient had no fever and her blood pressure was within normal range. Abnormal laboratory data were as

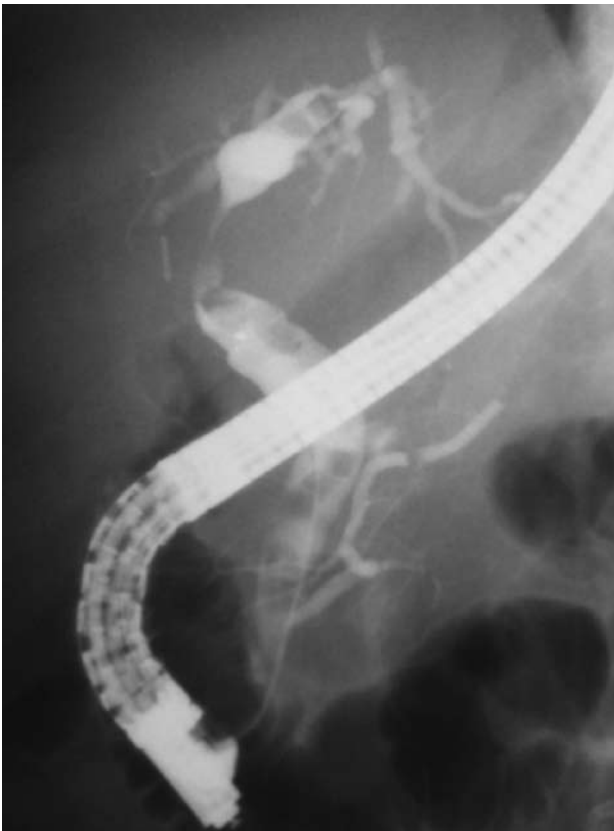


Figure 1

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ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2008, 25(5):688

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follows: ALT: 188 IU/L, AST: 203 IU/L, ALP: 947 IU/L, γGT: 405 IU/L, Total Bil: 7.2 mg/dL, DBil: 6.4 mg/dL, LDH: 254 IU/L. Abdominal ultrasound revealed the presence of several stones within a dilated common bile duct (CBD) and dilatation of the intrahepatic bile ducts.

An ERCP was performed, which revealed a 2–3 cm length irregular stricture of the CBD, at the junction with the cystic duct remnant (fig. 1). Radiological and cytologic findings were compatible with local invasion of the removed gallbladder carcinoma. Multiple stones were found proximally and distally. Sphincterotomy was performed and the stones from the distal part of CBD were removed. Balloon-dilatation of the stricture followed and a 10 cm self-expanding metal stent was placed. Endoscopic removal of the stones above the stricture has been impossible.

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Diagnosis: Malignant stricture of the common bile duct with multiple stones proximally and distally