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A rare case of acute cholangitis after endoscopic ampullectomy

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A 78-year-old male was admitted to the hospital with fever and jaundice. An endoscopic ultrasound showed an enlarged (5 x 2.5 cm) ampulla that respected the muscularis mucosae and dilation of the biliary system. An en-block endoscopic ampullectomy was performed using a polipectomy snare with subsequent placement of a double biliary (10 Fr x 7 cm) and pancreatic (5 Fr x 5 cm) plastic prosthesis. The pathology showed a well-differentiated adenocarcinoma on a mixed adenoma. After endoscopy, there was a normalization of liver enzymes and complete resolution of symptoms. One month later, the patient was admitted with fever and jaundice. A new ERCP was performed that showed an intrusion of the pancreatic prosthesis through the lateral orifice of the biliary prosthesis (Fig. 1). The pancreatic stent was extracted and spontaneous purulent bile drainage was observed (Fig. 2). The biliary prosthesis was removed, a remaining polyp of 10mm was resected and two new plastic stents were placed (Fig. 3). To date, the patient has not had any other complications.

DISCUSSION

Endoscopic ampullectomy is indicated for the resection of adenomas without invasion (1). Cholangitis is an uncommon complication (0-2 %) that may be secondary to

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contamination during the procedure, poor emptying of the bile duct and prosthesis dysfunction due to obstruction or migration (2). Placement of a prophylactic biliary stent is not well studied or uniformly recommended, unless inadequate biliary drainage is observed (3). We report a rare case of biliary prosthesis obstruction due to a pancreatic prosthesis intrusion that lead to an episode of acute cholangitis. Thus, highlighting the importance of a meticulous and individualized treatment.

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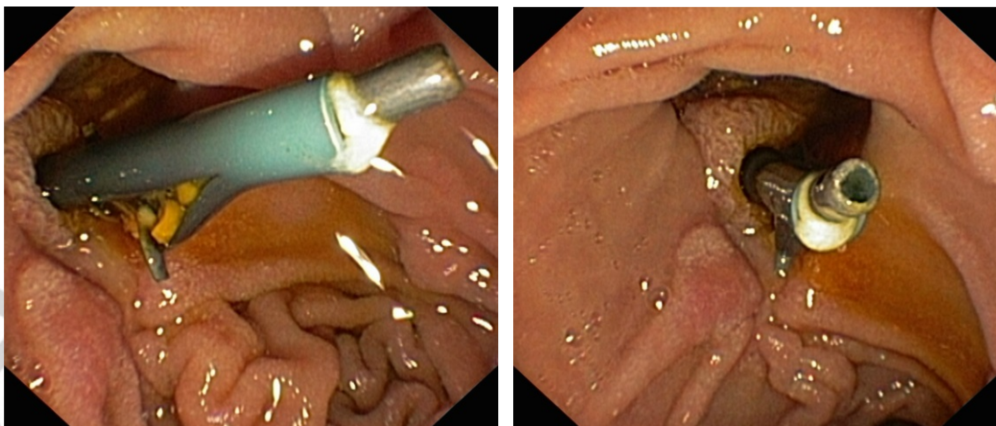

Fig. 1. ERCP showing an intrusion of the pancreatic prosthesis through the lateral orifice of the biliary prosthesis that obstructs the lumen.

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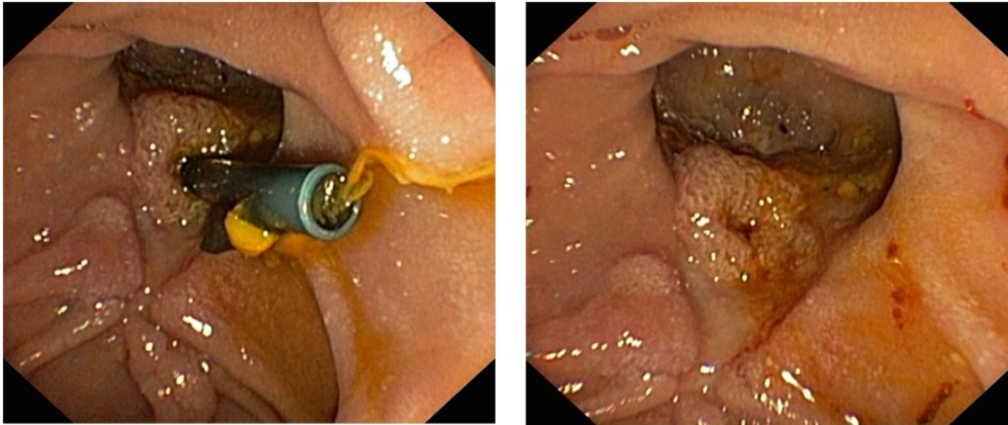

Fig. 2. Spontaneous purulent bile drainage after pancreatic prosthesis removal.

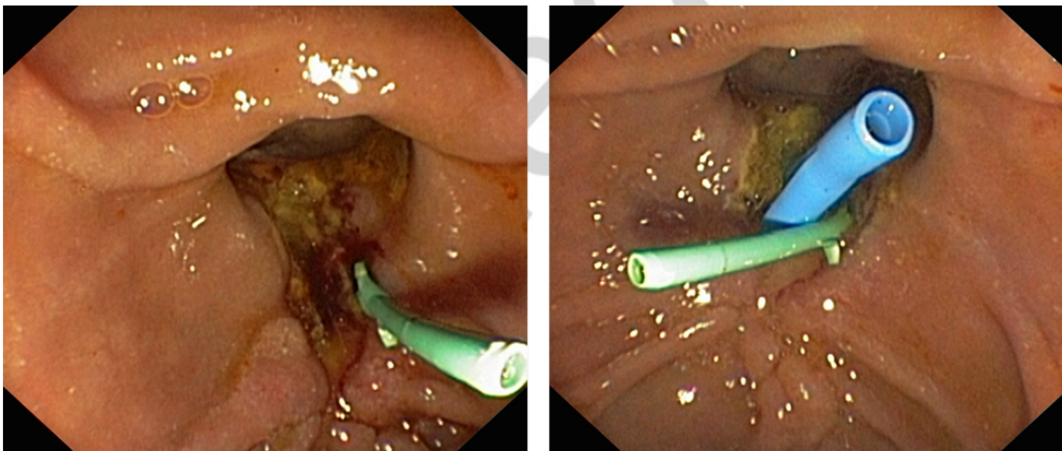

Fig. 3. Resection of the remaining polyp and placement of two new similar plastic prosthesis.

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COMMENTARY

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Endoscopic ampullectomy can offer a curative resection (1). However, a complication rate of 20 % has been described, including bleeding, perforation, pancreatitis and cholangitis (2). A prophylactic pancreatic stent reduces the incidence and severity of post-ampullectomy pancreatitis and should be performed. There is no consensus on the indication for biliary stenting. Pancreatic stent intrusion into the biliary stent is extremely rare but can be a cause of cholangitis.

Enrique Pérez-Cuadrado Robles
Associated Editor of *The Spanish Journal of Gastroenterology*

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