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ERCP and *situs inversus*

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A 85-year-old female, with situs inversus totalis, was admitted due to obstructive jaundice secondary to multiple choledocholithiasis (Figure 1) and distal biliary stenosis due to adenocarcinoma of the head of the pancreas, with duodenal infiltration and metastatic liver disease. An ERCP was tried in the supine position but bile duct cannulation was not possible due to duodenal infiltration; finally a palliative biliary stent was placed, percutaneously, with resolution of the jaundice.

Situs inversus is a congenital anomaly with autosomal recessive inheritance due to anomalies in chromosomes 7 and 8, with an incidence of 1 / 10,000 births (1). Most patients are asymptomatic, but it is a very important antecedent for invasive procedures, like ERCP. In our case, ERCP was not feasible, mainly due to duodenal infiltration rather than situs inversus, but in these cases ERCP is usually difficult. There is no standardized procedure in these cases; it is common to place the patient in the prone position, because in this way the organs adopt a configuration similar to the normal one, but with greater technical complexity due to the need for rotation of the endoscope (2); cases in supine position have also been described, in which the papilla appears in the upper right quadrant and cannulation is carried out in the direction of 1 o'clock (3).

BIBLIOGRAPHY

1) Varano NR, Merklin RJ. Situs inversus: review of the literature, report of four cases and analysis of the clinical implications. J Int Coll Surg 1960;33:131-48

2) Fiocca F, Donatelli G, Ceci V et al. ERCP in Total Situs Viscerum Inversus. Case Rep Gastroenterol 2008; 2: 116-20

3) Rocha M, Mateus-Dias A, Coimbra J. A challenging abdominal pain. Gastroenterology 2020; 158: e11-13

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Figure 1. Multiple choledocholithiasis in patient with situs inversus