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Successful diagnosis and treatment of hepatolithiasis with multiple endoscopes

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Abstract: Intrahepatic bile duct stones are rare in the West and relatively common in Asia.MRI and CT can not confirm the diagnosis of atypical stones.We learned from the successful experience of spyglass and completed the operation with direct visualization system.

Key words: ERCP. Hepatolithiasis. Direct visualization system. Endoscopic treatment.

INTRODUCTION

Symptomatic hepatolithiasis usually requires hepatectomy. We report a case of successful removal of hepatolithiasis by endoscopes.

CASE REPORT

A 58-year-old male was admitted to hospital because of intermittent epigastric pain for 3 months. MRI in other hospital showed dilatation of intrahepatic bile duct, not excluding space occupying lesions.We carried

out EUS,intrahepatic bile duct stones were found. No space occupying lesions were found.He refused surgery.So we performed ERCP. In order to show the position and shape relationship between target bile duct and extra hepatic bile duct, we performed IDUS. After cholangiography with Balloon catheter , it was confirmed that junction of target bile duct and extrahepatic bile duct was extremely narrow. It is difficult for a conventional ERCP to succeed. So we decided to do endoscopic examination through the direct visualization system of peroral cholangiopancreatography. Insert guide wire into the narrow bile duct, successfully dilate stricture, the direct visualization system enter, found 4 intrahepatic bile duct stones and removed all of them. 24 hours after operation, the blood amylase and blood routine were not high,clinical symptoms were stable.

KEY POINT

Like spyglass, the new China-made direct visualization system of peroral cholangiopancreatography is also constantly updated and improved. It provides a new idea for the diagnosis and treatment of biliopancreatic system diseases. It makes up for the shortcomings of conventional ERCP, such as the inability of X-ray radiography to accurately determine the extent of lesions, which makes some difficult ERCP operations possible.

CONFLICT OF INTEREST

The author declares that there is no conflict of interest in this article.

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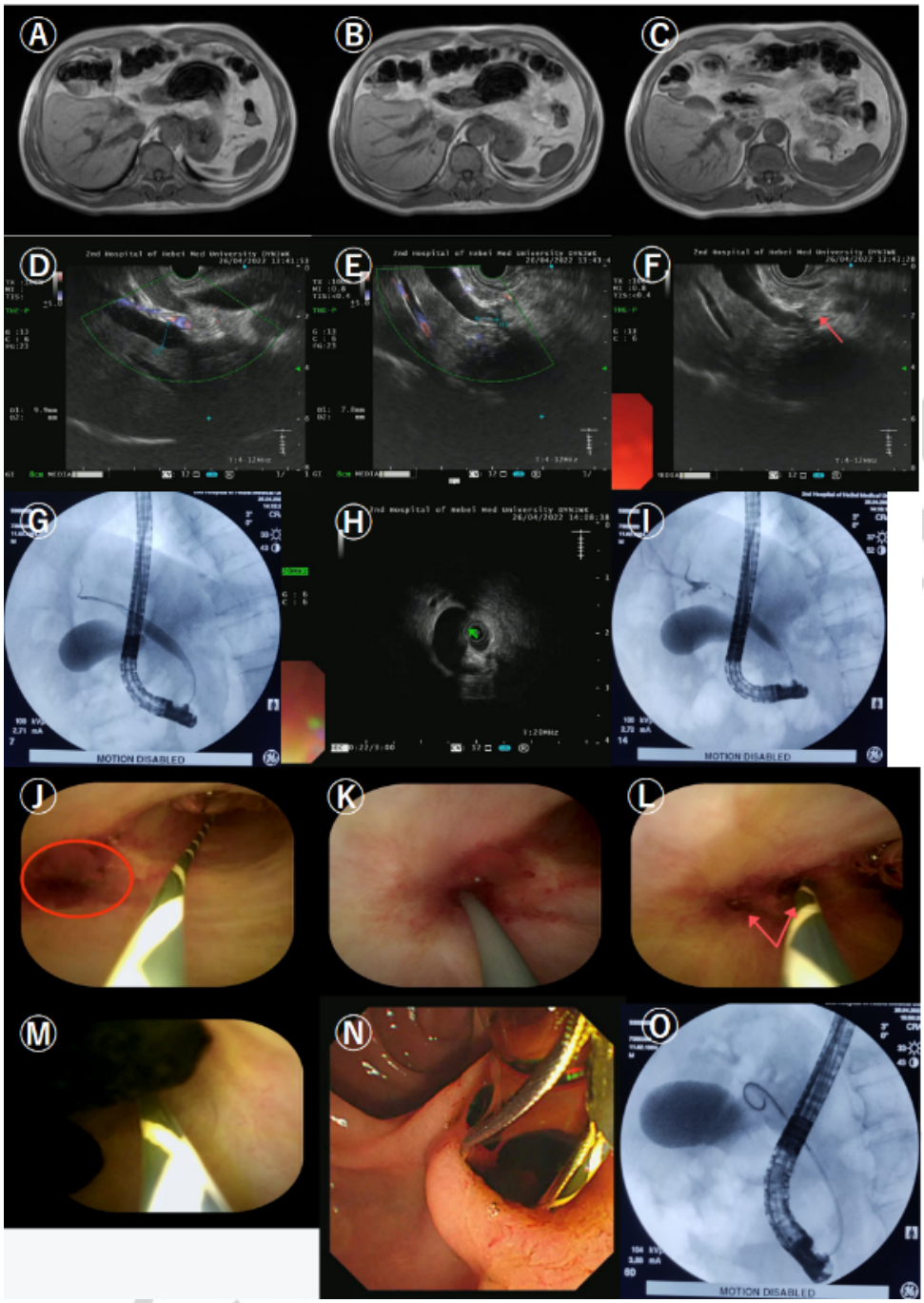

Fig: 1.MRI showed dilatation of intrahepatic bile duct, stenosis at junction with hilar bile duct (A） （B） （C）.2. Intrahepatic bile duct dilatation （D）, stones （E）. 3.The junction of common bile duct was narrow （F）. 4.Guide wire entered wrong bile duct （G）. 5.Target bile duct was on the left of arrow （H）. 6.Contrast medium couldn't enter from narrow segment （I）. 7.Bile duct was swollen by repeated cannulation （J）. 8.Removed stones (K） （L） （M） （N）. 9.Nasobiliary tube was left in bile duct （O）.