A Case of the Gallbladder Stones with Communicating Accessory Bile Duct

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We report a case of gallbladder stones with communicating accessory bile duct (CABD). A 60-year-old woman, who had been diagnosed as having gallbladder stones by medical checkup, was admitted for surgical treatment. The abnormality of the bile duct was not detected by preoperative magnetic resonance cholangiopancreatography (MRCP). Laparoscopic cholecystectomy was performed. Intraoperatively, we found a communication between the gallbladder and the right posterior branch of the liver, and intraoperative cholangiography revealed CABD from the right posterior branch (Goor’s classification F2, Couinaud’s classification c). CABD was ligated and resected with the gallbladder. The patient was discharged without any complications. Careful dissection around the gallbladder neck and intraoperative cholangiography are thought to be important for revealing and management of CABD in laparoscopic cholecystectomy.

Management of Pancreatolithiasis - A Japanese Multicenter Study

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Japanese multicenter study of pancreatolithiasis was performed to investigate clinicopathological features and to exhibit treatment strategy for pancreatic stones. A retrospective study was performed on 899 patients (752 men and 122 women). Treatment methods included extracorporeal shock wave lithotripsy (ESWL) in 452 cases, surgery in 133 cases and endoscopy alone in 68 cases. Fragmentation of stones after ESWL was achieved in 92.4% cases. However, stones were completely cleared in 49.4% cases after ESWL alone. Complete stone clearance rate was lower after ESWL than after endoscopy. However, symptom relief rate after each treatment was over 90%. The incidence of early complications after surgery was significantly higher than after ESWL. On the other hand, the incidence of late complications was higher after ESWL than after endoscopy or surgery, although not significantly. Stone recurrence after ESWL and endoscopy were significantly more frequently than after surgery. After ESWL, abdominal pain recurred significantly more frequently than after surgery. Most recurrence of stones and abdominal pain after ESWL and endoscopy were occurred within three years. In conclusion, first-line treatment for pancreatic stone should be ESWL alone or with endoscopy because of its minimally invasiveness and low incidence of early complication. Surgical treatment should be performed on cases in which ESWL and endoscopy have failed.
Therapeutic Endoscopic Retrograde Cholangiopancreatography is Safe and Effective in Patients 90 years of Age and Older

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Background and Aims: Endoscopic retrograde cholangiopancreatography (ERCP) is often used for the diagnosis and treatment of pancreaticobiliary disorders even in elderly patients. However, little information is available on the outcomes of therapeutic ERCP in patients 90 years of age and older. The aim of this study was to evaluate the early outcomes of ERCP in such very elderly patients.

Patients and Methods: We retrospectively collected data of 19 patients of advanced age (≧90 years) who had undergone therapeutic ERCP at Mejiro Second General Hospital between January 2002 and July 2011. The patients were 3 men and 16 women with a mean age of 93 years (range, 90-97 years). Therapeutic ERCP includes endoscopic sphincterotomy (n=16), common bile duct (CBD) stone extraction (n=9), nasobiliary drainage (n=3), temporary plastic stent placement (n=4), permanent plastic stent placement (n=1), and metallic stent placement (n=5). The indications for therapeutic ERCP and early clinical outcomes (complication rates, technically success rates, procedure-related mortality, and duration of hospitalization) were retrospectively assessed.

Results: The 19 patients underwent 25 procedures. The indications for therapeutic ERCP were acute cholangitis (n=14; 12 with co-existing CBD stones and 2 with co-existing cholangiocarcinoma, respectively), cholangiocarcinoma (n=5), Sphincter of Oddi dysfunction (n=1), and post-cholecystectomy bile leakage (n=1), respectively. The technically success rate of therapeutic ERCP was 100%, although two or more sessions were necessary in four patients. The complete CBD stone clearance rate was 92%. Plastic double stents placement was performed for patients with incomplete CBD stone clearance. Mild pancreatitis and aspiration pneumonia occurred in one patient each; however, no deaths related to the procedures occurred. The mean duration of post-therapeutic ERCP hospitalization was 14 days.