

中文題目：使用 SpyGlass 膽道鏡處理巨大膽道結石

英文題目：SpyGlass Cholangioscopy for Extraction of Huge Choledocholithiasis

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Background:

Large biliary stone may be a difficult condition to manage in the patient who might not be proper surgery candidate such as multiple comorbidity and poor cardiac/ pulmonary condition. Traditionally, we used PTCS for such patient, however, the patient need to received multiple PTC revision, and there was still anesthesia risk when lithotripsy. Spyglass, peroral cholangioscopy, and electrohydraulic lithotripsy maybe useful in this circumstance.

Case Presentation:

A 61-year-old postmenopausal woman presented epigastric discomfort, especially post-prandial, for 2 weeks. She has received ERCP about 10 years ago for CBD stone removal. The patient has no fever, no chillness and other discomfort. And the abdominal SONO was arranged.

The sonogram showed CBD stone with IHD dilatation. Abdomen was soft on palpation. The initial laboratory tests on presentation were a total bilirubin (TBili) 0.51 mg/dL, alkaline phosphatase(ALP) 63 U/L, aspartate aminotransferase (AST) 16 U/L, and alanine aminotransferase (ALT) 13 U/L. Abdominal CT scan with contrast was revealed a 2.3cm sized common bile duct (CBD) stone with dilatation of CBD and intrahepatic duct (IHD), besides, pneumobilia was also noted. (Figure 1)

Endoscopic retrograde cholangiopancreatography (ERCP) was arranged and endoscopic retrograde cholangiography (ERC) showed a 38x25mm huge filling defect noted in CBD. (Figure 2) Sphincterotomy was done. Following failed attempts at balloon-assisted stone extraction, SpyGlass system cholangioscopy was performed. Spyglass cholangioscope inserted into CBD and directly visualized a huge stone. (Figure 3) Holmium laser lithotripsy was performed for the huge CBD stone successfully. The stone was removed successfully. Much fragmented stones were removed by retrieval basket and extraction balloon.

Post-ERCP fever was noted 2 days after the ERCP. And post-ERCP cholangitis was most likely. Fever subsided after receiving antibiotics treatment with Ciprofloxacin. She was then discharged after infection controlled and received gastroenterologist's OPD followed up.



Figure1. Abdomen CT showed a 2.3CM sized common bile duct (CBD) stone with dilatation of CBD and intrahepatic duct (IHD).



Figure2. Endoscopic retrograde cholangiography (ERC) showed a 38x25mm huge filling defect noted in CBD.

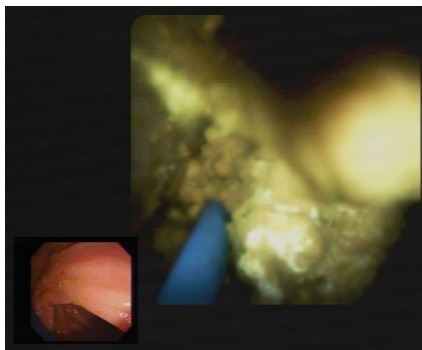


Figure2. Endoscopic retrograde cholangiography (ERC) showed a 38x25mm huge filling defect noted in CBD.