

Combined Endoscopic-Radiologic Minimally Invasive Rescue Technique for the Removal of a Migrated and Embedded Biliary Metal Stent

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Abstract

Bile duct injuries represent a rare but potentially serious complication after laparoscopic cholecystectomy, that often need multidisciplinary therapeutic approaches. Additionally, post cholecystectomy clip migration into the biliary tree has been described, mainly because of local inflammatory processes. We present a case of a 65-year-old male with a bile duct injury and stricture after laparoscopic cholecystectomy treated endoscopically with sphincterotomy and stent positioning; initially with a plastic 10Fr stent and later with a totally covered metal stent. At the removal, the metal stent appeared proximally migrated and embedded with a surgical clip, the latter also migrated into the bile duct. The endoscopic retrieval of the stent was unsuccessful and thus a simultaneous right percutaneous trans-hepatic approach was adopted to liberate the stent and to facilitate the endoscopic procedure. The combined endoscopic-radiologic minimally-invasive approach seemed to be an effective and safe rescue technique, avoiding in this way complex surgical procedures.

Key words: bile duct, ERCP, injury, intraoperative complications, laparoscopic cholecystectomy