



Clinical Image

Volume 8 Issue 5 – February 2018  
DOI: 10.19080/ARGH.2018.08.555746

Adv Res Gastroentero Hepatol

Copyright © All rights are reserved by Zaheer Nabi

# Unusual Complication of ERCP in a Child with Bile Duct Calculi



Zaheer Nabi<sup>1\*</sup>, D Nageshwar Reddy<sup>2</sup> and Mohan Ramchandani<sup>3</sup>

<sup>1</sup>Consultant gastroenterologist, Asian institute of Gastroenterology, India

<sup>2</sup>Chairman and Chief Gastroenterologist, Asian institute of Gastroenterology, India

<sup>3</sup>Consultant gastroenterologist, Asian institute of Gastroenterology, India

Submission: December 13, 2017; Published: February 02, 2018

\*Corresponding author: Zaheer Nabi, Asian Institute of Gastroenterology, 6-3-661, Somajiguda, Hyderabad - 500 082, India, Tel: +91-40-2337 8888, Fax: +91-40-2332 4255, Email: zaheernabi1978@gmail.com

## Description

An 11-year boy, presented with recurrent episodes of pain abdomen for two months. Evaluation revealed elevated serum transaminases level (ALT-118, AST-230 IU/L, upper limit of normal -40) and alkaline phosphatase level (580 IU/L). Ultrasound abdomen revealed multiple calculi in gall bladder and dilated common bile duct (CBD). Magnetic resonance cholangiopancreatogram confirmed the presence of few small calculi in CBD along with gall bladder stones. Endoscopic retrograde cholangiography was performed under deep sedation in left lateral position. Cholangiogram revealed multiple small calculi in bile duct (Figure 1). Endoscopic biliary

sphincterotomy was done and balloon sweep attempted to clear CBD. However, the guide wire could not be retained in position and was inadvertently displaced out. Biliary cannulation was re-attempted. Significant resistance was encountered during the passage of guide wire into CBD. On injection of small volume contrast, the CBD could not be opacified. Unexpectedly, portal vein ramifications were visualized on fluoroscopy (Figure 2). The guide wire was immediately withdrawn and biliary cannulation achieved after readjusting the position of sphincterotome guide wire complex. A double pigtail stent (7Fr, 7cm) was placed temporarily. There was no bleeding or any other untoward consequences as a result of inadvertent portal vein cannulation.

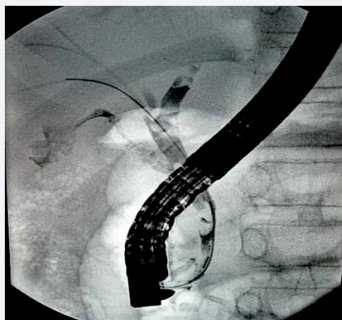


Figure 1: Endoscopic retrograde Cholangiogram revealing guide wire in bile duct with multiple small calculi.

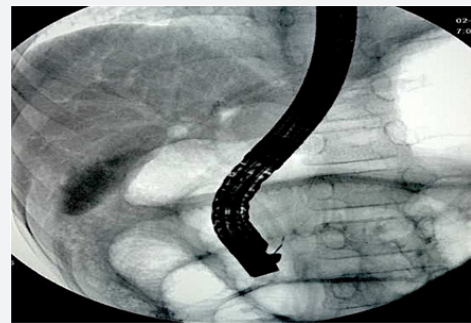


Figure 2: Fluoroscopy demonstrating opacification of portal vein and its ramifications.



This work is licensed under Creative Commons Attribution 4.0 License  
DOI: [10.19080/ARGH.2018.08.555746](https://doi.org/10.19080/ARGH.2018.08.555746)

**Your next submission with JuniperPublishers  
will reach you the below assets**

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats  
**( Pdf, E-pub, Full Text, audio)**
- Unceasing customer service

**Track the below URL for one-step submission**

<https://juniperpublishers.com/online-submission.php>