

Direct Bilirubinemia 15 years after Cholecystectomy: A Case of Post-Cholecystectomy Syndrome

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Introduction

Post cholecystectomy syndrome constitutes a variety of clinical signs and symptoms of the gastrointestinal tract after cholecystectomy which can occur from days to years after the procedure. One well-known serious complication of this syndrome is biliary obstruction. However, rarely are there complications related to migration of the surgical clip. Clip migration as a late complication of cholecystectomy in the setting of this syndrome can at times be overlooked resulting in a delay of care and worsened prognosis.

Case presentation

- This is the case of a 66-year-old female patient with a past medical history of diabetes mellitus type 2, hypertension, and choledocholithiasis s/p cholecystectomy after ERCP with sphincterotomy 15 years prior to presentation.
- Chief complaint consisted of progressive right upper quadrant abdominal pain 2 days prior to admission. Pain was described as 6/10 ,stabbing in quality and it usually occurred after eating. Pain was worsening over the past 24 hours before admission.
- Physical exam was pertinent for right upper quadrant tenderness.
- Laboratory studies revealed elevated AST (170 U/L), ALT (254 U/L), and alkaline phosphatase (27 IU/L). Direct and total bilirubin were elevated at 2.1 mg/dL and 4.4 mg/dL respectively.
- Abdominopelvic CT (Fig. 1) revealed distended common bile duct (CBD), surgical clip in the CBD as well as pneumobilia.
- EUS/ERCP had findings of surgical clip in the CBD. Dilation of CBD measured 1.2 cm. Also, it showed prior evidence of sphincterotomy, and new narrowing of the ampullar opening suggestive of ampullar stenosis.
- Biliary sphincterotomy and occlusion cholangiogram was performed and multiple pigmented stones, pus, as well as the metallic clip were extracted from the distal aspect of the CBD. Finally, CBD was stented with good post-procedure bile flow.
- Follow up: She received Metronidazole and Ciprofloxacin for 10 days and was discharged home. Outpatient, 6 weeks later the stent was removed.

Images

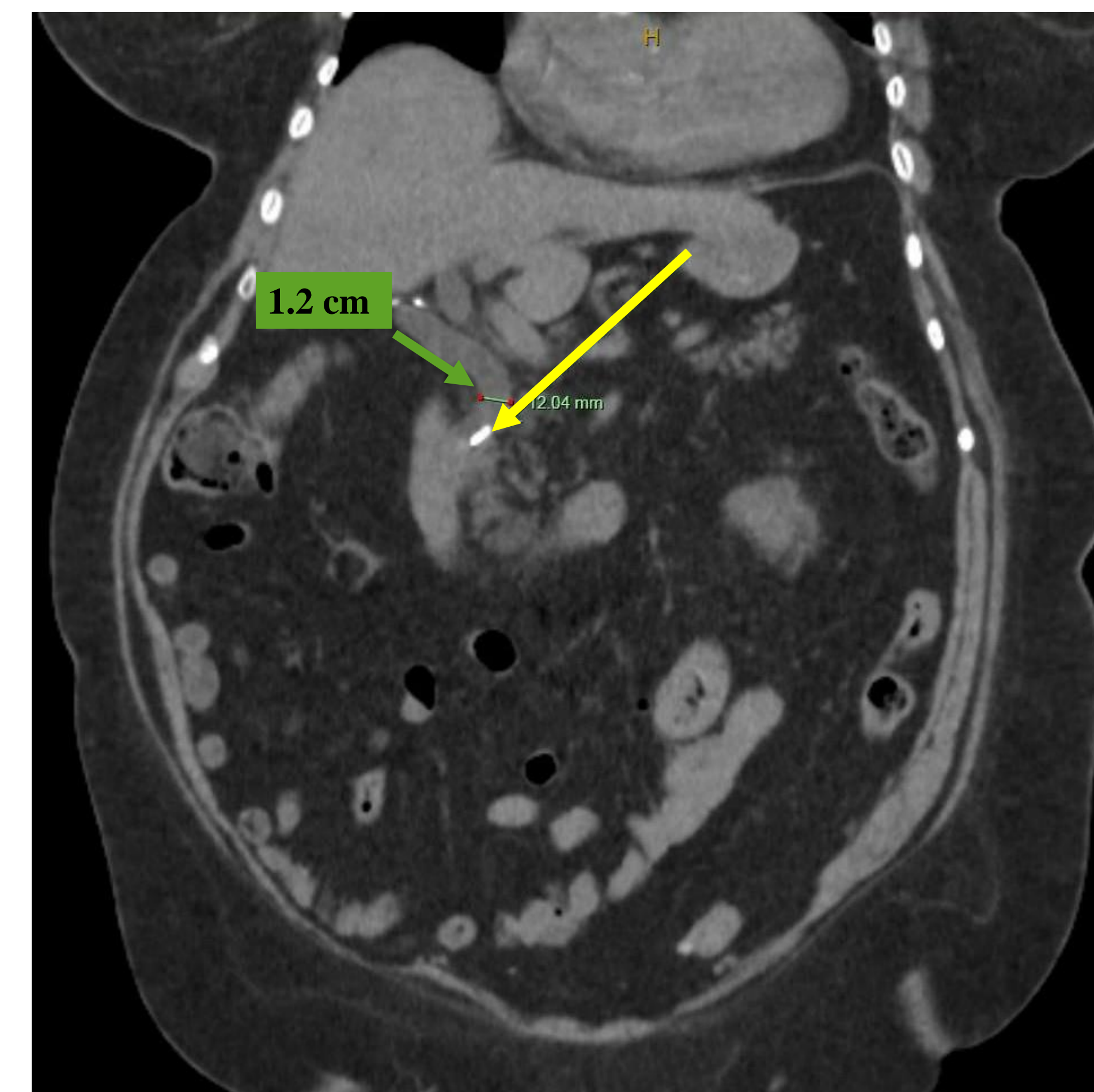


Fig 1: Abdominopelvic CT scan without contrast. Yellow arrow shows surgical clip within the common bile duct causing the obstruction. Green arrow shows the common bile duct with a 1.2 cm duct dilation.

Discussion / Conclusion

- Typical presentation of post-cholecystectomy syndrome symptoms are right upper quadrant pain (45%), nausea, vomiting, dyspepsia, abdominal colic, and fever in the first 2 years after surgery.
- Most common causes of post cholecystectomy syndrome due to biliary cause are common bile duct stones and cystic remnants.
- Delay in diagnosis can result in sepsis, peritonitis, or even death. Prompt clinical suspicion can decrease patient's morbidity and mortality.
- We present a rare presentation of post cholecystectomy syndrome 15 years after surgery due to multiple factors such as biliary stones, ampullary stenosis and the migration of the surgical clip.

References

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