

Surgical clip-induced acute cholangitis after 9 years later from laparoscopic cholecystectomy

영남대학교의료원 내과

*임기영, 김승범, 김국현, 김태년

Background: Laparoscopic cholecystectomy is treatment of choice of gallstone disease including symptomatic gallbladder stone, acute cholecystitis and gallbladder cancer. Surgical clips are used for ligation to avoid bile leakage from remnant cystic duct. If the surgical clip is detached, it is mostly located in the abdominal cavity and doesn't develop complications. But in rare case, surgical clip moves to the inside of common bile duct and leads to acute cholangitis. **Case presentation:** A 60-year old woman visited the emergency room complaining of abdominal pain for 7 days. She also developed nausea and vomiting for the past 3 days. At the physical examination, scars were noticed on her abdomen. She had past history with laparoscopic cholecystectomy due to acute calculus cholecystitis 9 years ago. Blood chemistry was as follows: total bilirubin 3.31 mg/dL, aspartate aminotransferase 2,200 IU/L, alanine aminotransferase 1,520 IU/L. Abdominal computed tomography revealed a surgical clip at distal common bile duct and diffuse wall thickening and dilatation of CBD (Fig. A, B). An endoscopic retrograde cholangiopancreatography was performed for clip removal (Fig.C). After sphincterotomy, one surgical clip with purulent bile juice was successfully removed by extraction basket (Fig. D). Pain and fever disappeared after the procedure. The patient was discharged after 7 days of hospitalization. **Conclusion:** The most common causes of biliary obstruction with acute cholangitis are biliary calculi, biliary stricture, and malignancy. Acute cholangitis can also occur due to surgery leading to duct injury. In rare case, surgical clip migration to common bile duct can lead acute cholangitis. Most of cases dealing with surgical clip migration are occur within 2 years from laparoscopic cholecystectomy. In this case, it happens after 9 years from laparoscopic cholecystectomy. Therefore, surgical clip migration should also be considered in patients with acute cholangitis when there is a past history of laparoscopic cholecystectomy.

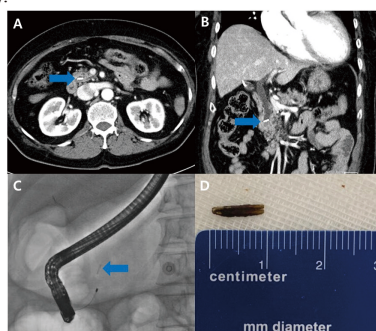


Figure A, B : Abdominal CT (Blue arrow : surgical clip in CBD)
Figure C : The clip being removed by ERCP (Blue arrow : surgical clip)
Figure D : Removed clip