

Successful Endoscopic Removal of Part of a T-Tube from the Common Bile Duct

Obstruction of the main bile duct by foreign bodies, such as dislocated endoprostheses, or by infectious agents, such as lumbricosis and hydatid daughter cysts (1–3), are rare. We present here the case of a 45-year-old man admitted to our department due to clinical and laboratory findings compatible with cholangitis. Four months previously, a typical cholecystectomy had been carried out due to gallbladder empyema. A T-tube (Kehr catheter) had been placed in the common bile duct and retained for almost three months, because of an accidental rupture of the common bile tract. On forceful removal, a small part of the catheter broke off and remained inside the bile duct. The clinical course of the patient during the following month was quite stormy, with frequent exacerbations of cholangitis. On endoscopic retrograde cholangiopancreatography, a short, smooth stenosis in the middle part of the common bile duct caused by a foreign body was seen (Figure 1). After sphincterotomy, extraction of the catheter remnant was finally achieved, after some difficulties using a balloon catheter and Dormia basket due to suspected adherence of the tube, which had been in situ for three months (Figure 2). The clinical course of the patient in the following seven months was uneventful.

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References

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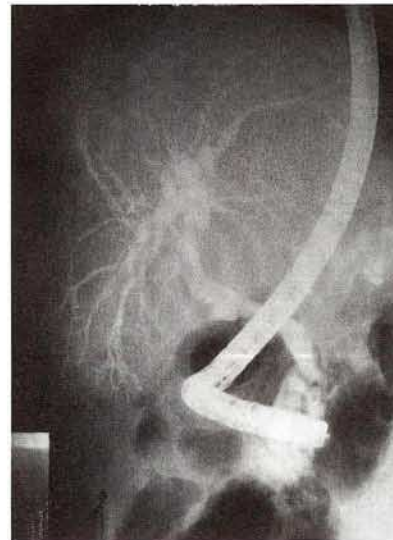


Figure 1: Elongated filling defect in the common bile duct, due to the foreign body.



Figure 2: The broken part of the T-tube, after endoscopic removal.