

HUGE COMMON BILE DUCT STONE;REPORT OF A CASE**Safwan A Taha* & Mahmoud S Al-Haroun#**

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Patient name	ديناره عباس سعد	Hospital	Al-Sadir Teaching Hospital
Age	50 years	Sex	Female
D.O.A	10-2-2004	Case No.	608
D.O.Operation	19-2-2004		

Presentation

A 50-year-old female presented with vague upper abdominal pain in relation to food for 3 months duration with newly developed low grade fever and increasing intensity of pain. On examination, she was of good built with a clear, albeit mild, tinge of jaundice. Her abdomen was soft with tender right hypochondrium. Neither Murphy sign nor other related findings were detected. Pulse rate was 90 beats per minute, temperature 37.5 °C and blood pressure 130/90 mmHg.

Her Investigations were, Hb=105 g/L, WBC=7 x 10⁹, platelets=450 x 10⁹, ESR=60 mm/h, RBS= 5.1mmol/L, blood urea nitrogen (BUN)=6.6 mmol/L, total serum bilirubin=50 micromol/L, alkaline phosphatase=102 U/L, SGOT= 20, SGPT=22 and clotting profile within control values. Abdominal ultrasound (US) revealed a solitary gall stone (2 x 2 cm), dilated common bile duct (CBD) (2.7 cm) with a

CBD stone of 2 x 3 cm. There was no other abnormal finding.

Preparation of the patient for surgery included rehydration, antibiotic therapy (Cefotaxim 1g tds) and daily vitamin K injection. One unit of blood was prepared.

Operation

The abdomen was opened through a right upper paramedian incision. Thick adhesions between stomach, liver and gall bladder were severed. Classical, retrograde, cholecystectomy was performed. A big, stony, mass was felt at the free edge of lesser omentum; its dimensions were much bigger than what the US suggested regarding the CBD stone. Since the decision to explore the CBD was already taken, a choledochotomy was made between 2 catgut stay sutures inserted along its long axis. A huge stone, occupying the entire CBD, was encountered. We had to enlarge the choledochotomy, both upwards and downwards, in order to

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extract it in one piece. It was 8 cm long and 2.5 cm wide. The CBD was closed over a T-tube and the area was drained. The abdomen was closed, with monofilament Nylon sutures, in one layer in the classical manner.

She had an uneventful postoperative course. Her jaundice disappeared in a dramatic manner and the T-tube removed on 14th postoperative day following a confirmatory T-tube cholangiography.

Discussion

CBD stones are generally considered large when the stone size exceeds 15 mm. Endoscopic extraction of such large stones is associated with difficulties to the extent that only a small number of large stones can be managed endoscopically.

The degree of difficulty is proportional to the size of the stone in question. CBD stones are usually associated with calculus cholecystitis. Such stones (in the CBD) are oval in shape and conforming to the long axis of the duct. The shape results from the coalition of biliary debris. Giant gall bladder stones (one measuring 4" in circumference and another 6.5" long and 6 inches thick) have been reported. Bahuleyan reported a giant CBD calculus measuring 6.5 cms x 3 cms and weighing 40.5 gms in a 38-year-old multiparous patient. No serious complications, like rupture or perforations resulting from a giant CBD calculus, have been reported. Ahmed MN, reported a CBD stone measuring 3.5" x 1.5" and weighing 55 gms. In our case, the stone was just over 3" (8 cm) in length and 1" (2.5 cm) in its widest thickness (The figure).

References

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