

BILIARY OBSTRUCTION SECONDARY TO BLOOD CLOT FOLLOWING ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY

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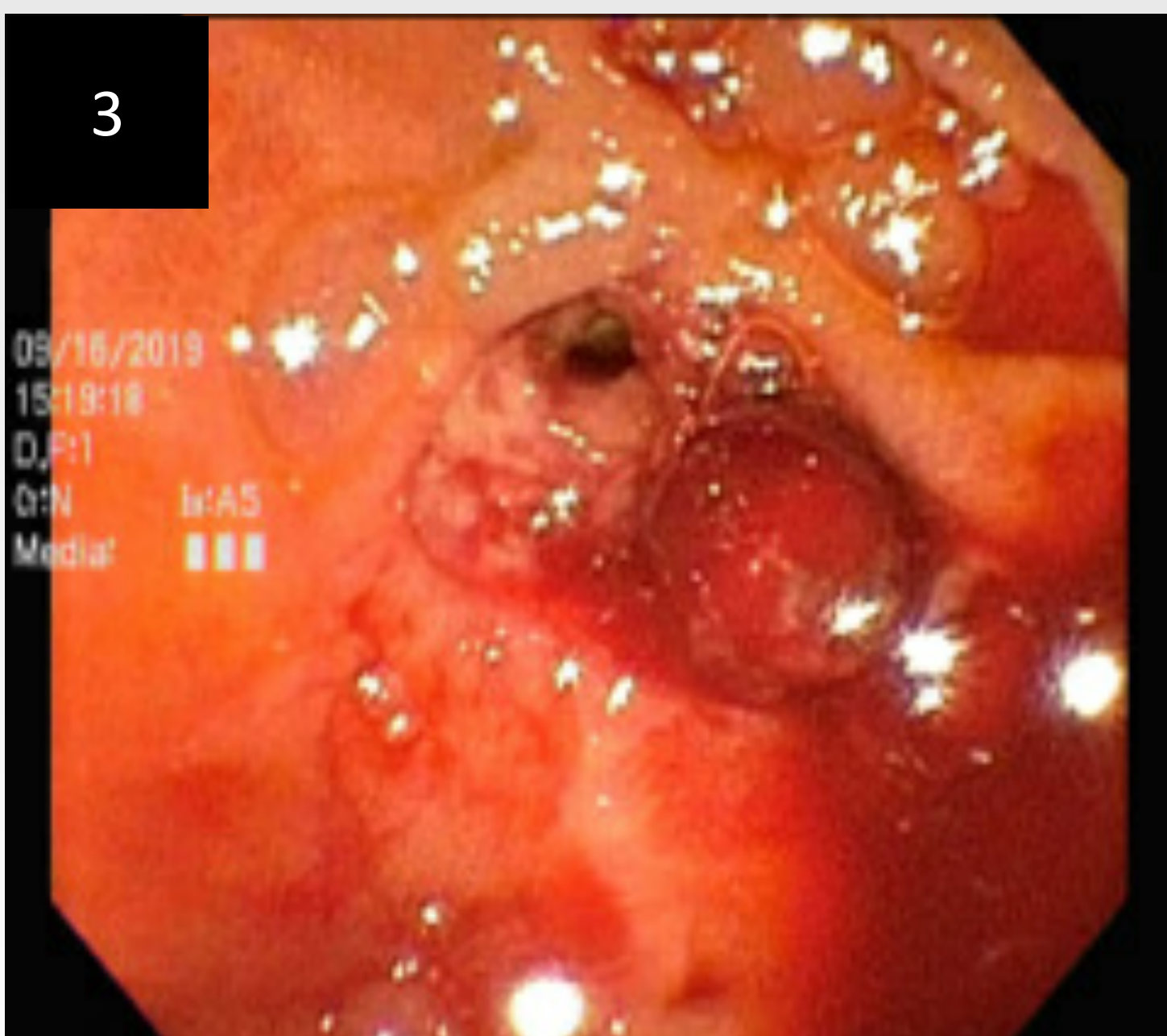
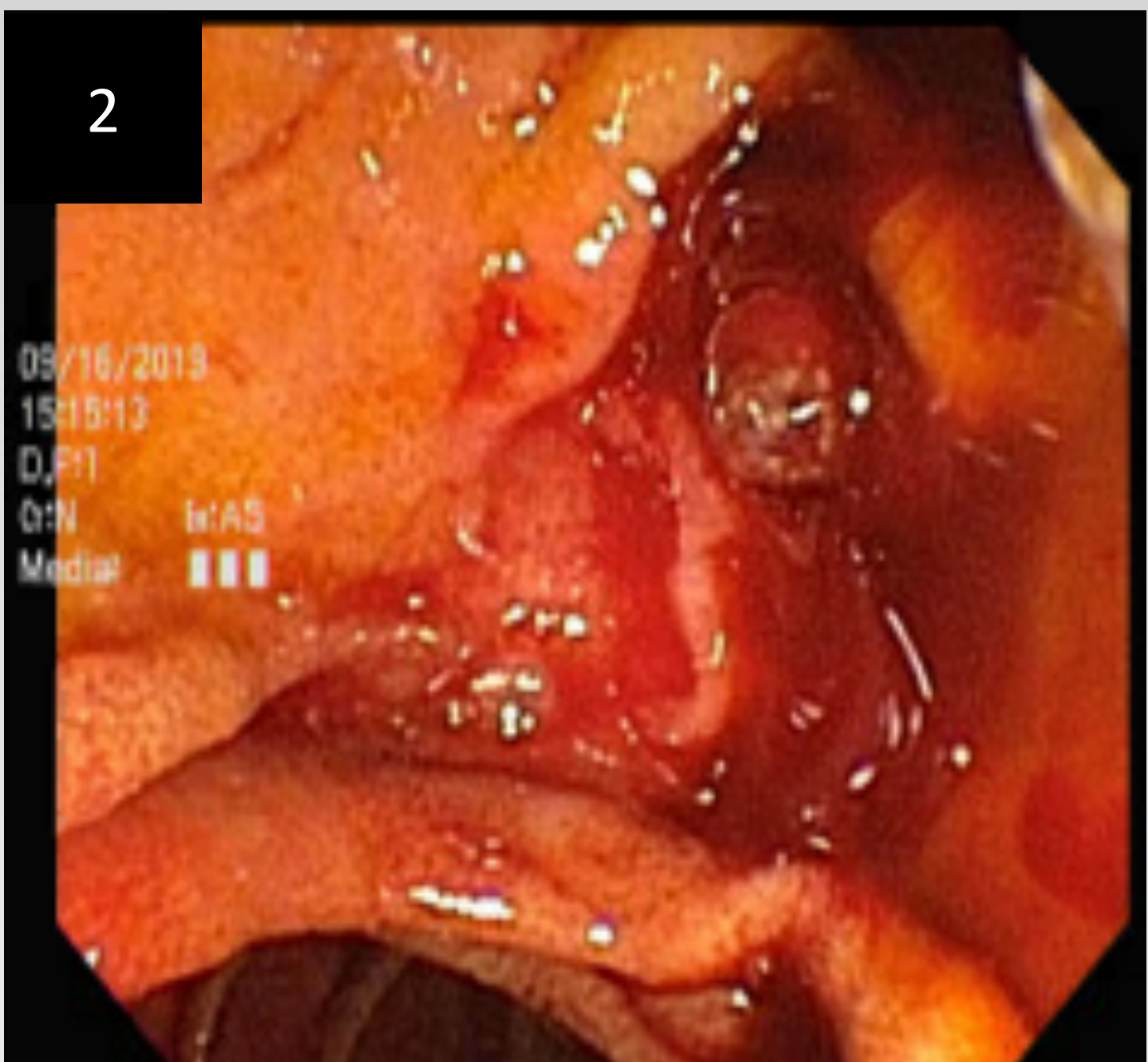
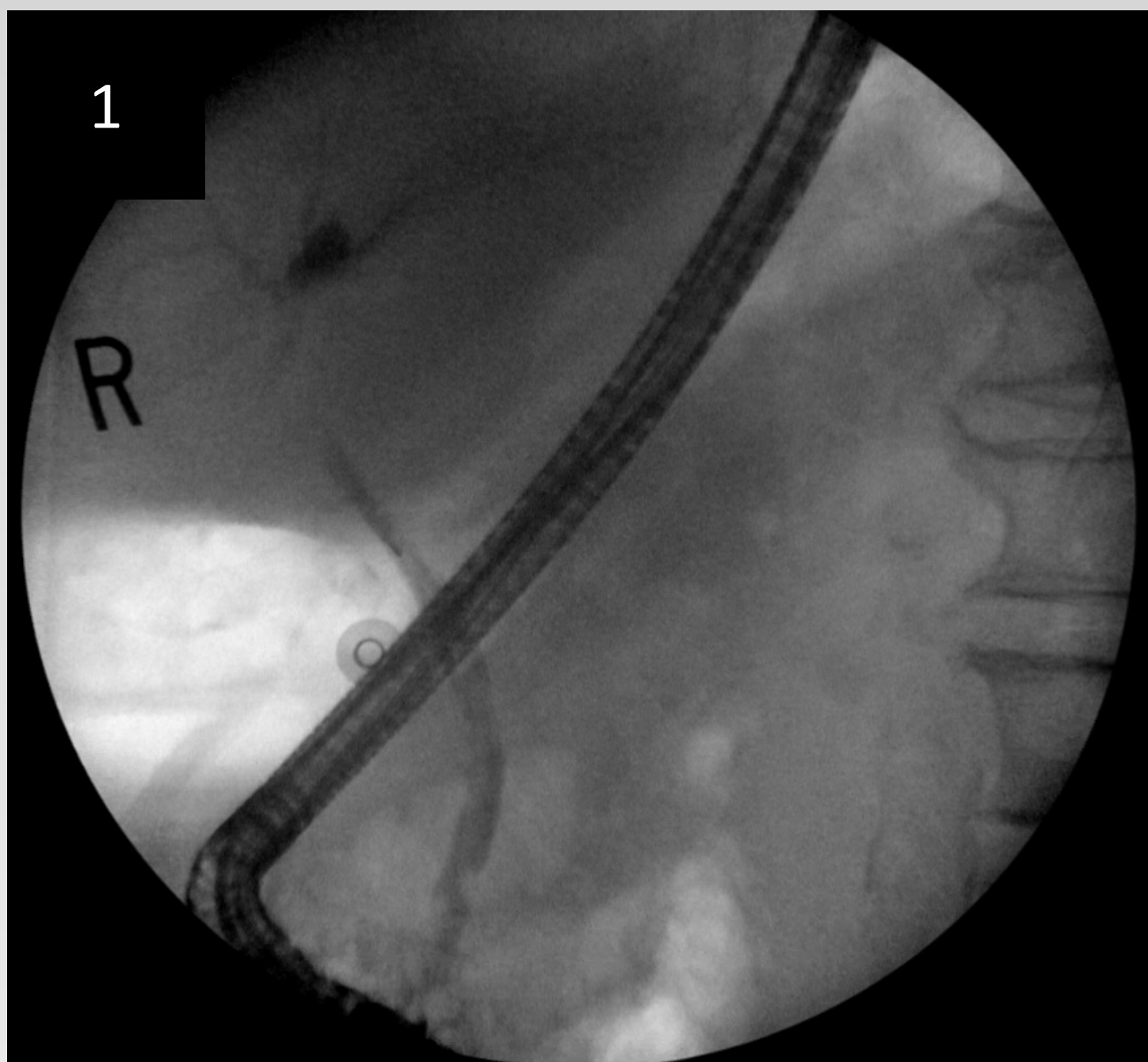
INTRODUCTION

Biliary obstruction is a common disease process managed by general surgeons. ERCP is a common and relatively safe procedure used to treat biliary obstruction, however it comes with its own set of risks. Common complications following ERCP include pancreatitis, bleeding, perforation and cholangitis. Approximately 5% of patients will have a complication following ERCP, with bleeding complications around 1.3%. However, bleeding leading to biliary obstruction is rarely seen.

CASE DESCRIPTION

76-year-old male with a medical history of atrial fibrillation and coronary artery disease with stent placement on Plavix and Eliquis who presented with choledocholithiasis. He underwent ERCP with papillotomy with removal of two 6mm common bile duct stones after holding anticoagulation for four days. Post-procedure, the patient's laboratory values revealed evidence of worsening conjugated hyperbilirubinemia. He was taken for a subsequent ERCP three days later and was noted to have persistent bleeding and clot at the prior papillotomy site. Epinephrine was injected at the area to achieve hemostasis and clot was removed.

Cholangiography noted that the hepatic and common bile duct were patent, however cystic duct was not patent. The patient was subsequently taken for an uncomplicated laparoscopic cholecystectomy and hyperbilirubinemia improved. The patient had an uncomplicated postoperative course and was discharged with anticoagulation restarted three days postoperatively.



- Figure 1 shows filling defects in the common bile duct during cholangiography.
- Figure 2 shows persistent bleeding and blood clot near papillotomy site.
- Figure 3 shows blood clot removal near the papilla.

CONCLUSION

- Biliary obstruction after ERCP secondary to a blood clot is a rare complication.
- Caution should be taken when performing ERCP in patients on oral anticoagulation and patients with hypercoagulable disorders.
- Post-ERCP obstruction can lead to serious and even fatal complications including cholangitis and sepsis.
- Repeat ERCP is both diagnostic and therapeutic in most cases and should be performed as soon as possible to prevent complications.

REFERENCES

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