Teamwork Makes the Dream Work:

Combining Interventional Radiology and General Surgery Approaches to Excise Dropped Gallstones

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Background

Symptomatic retained gallstones:

- Rare but potentially morbid condition.
- Treatment: drainage and prolonged antibiotics.
- Incidence has risen with increase in laparoscopic cholecystectomies.
- Post-cholecystectomy patients presenting with vague complaints or peri hepatic abscesses-> consider retained stones.

Patient 1

Male in 60s

PSH: Laparoscopic cholecystectomy 2 years prior

Exam: Firm painful nodule RUQ

CT scan: 3 calcifications in abdominal wall

Combined IR & Surgery Approach:

Needle wire localization done by IR and a cut down over wire technique by surgery to extract stones (as done in wire-localized, breast lumpectomy)

Patient 2

Female in 60s

PSH: Laparoscopic cholecystectomy 6 months prior

Exam: R flank and shoulder pain

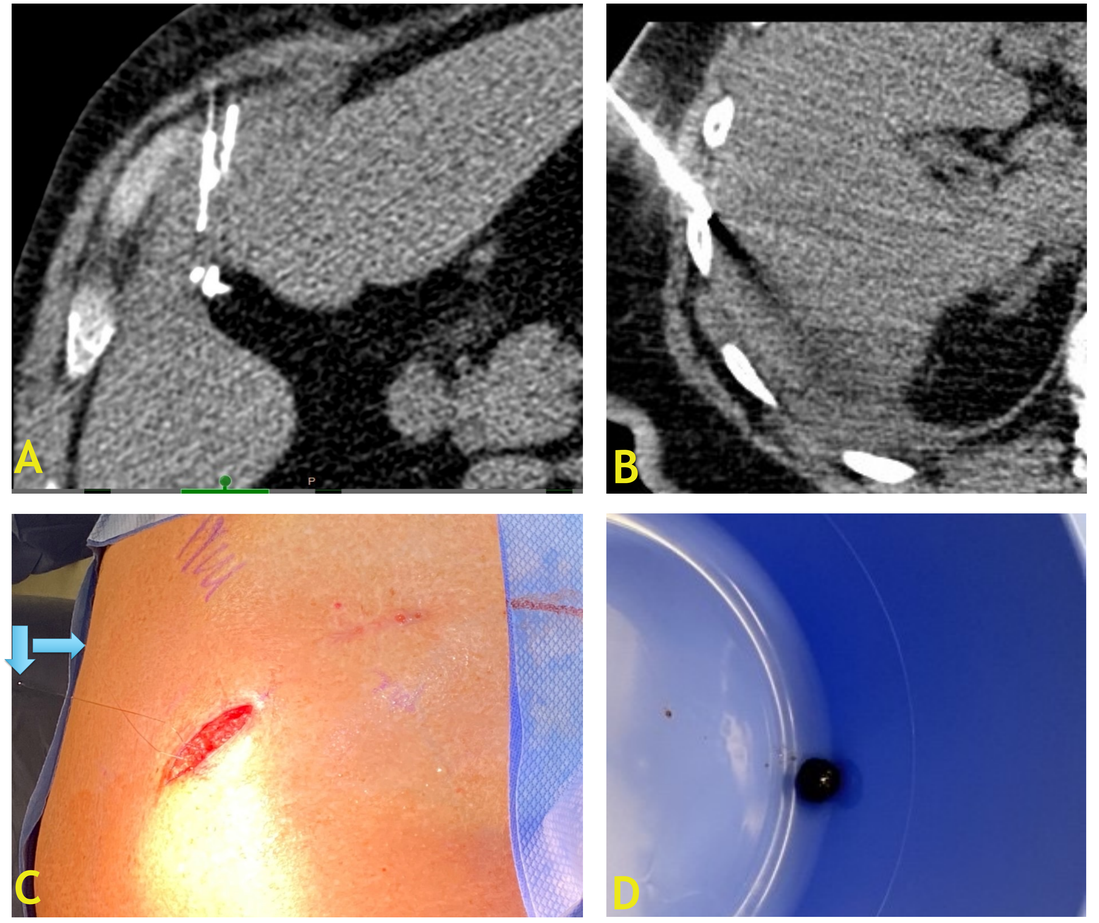
CT scan: Retained stone, peri-hepatic abscess

Combined IR & Surgery Approach:

IR placed a 10 Fr drain and surgery cut-down on to drain to excise stone.

Conclusion

- Traditional treatment = incision and drainage / exploratory laparotomy with washout.
- Current teaching = "step-up" approach by interventional radiology using drains or basket tools.
- Abscess cavity's hard wall allows ease in stone retrieval with tools.
- Cut Down Technique: This case report features the unpublished combination (IR and Gen Surg) method of a cut down technique over wire/drain to obtain symptomatic stones.



A) 2 wires placed by IR for needle localization of retained stone on CT imaging B) CT scan with with IR placed pigtail drain in perihepatic abscess cavity. C) In the operating room patient undergoing cut down over the wires to extract retained stone D) Retained stone that was extracted from abscess cavity after cutting down over the drain.

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