DIFFICULT LAPAROSCOPIC CHOLECYSTECTOMY WITH CBD EXPLORATION IN CASE OF IMPACTED CBD STONES: OUR EXPERIENCE WITH 3-D LAPAROSCOPY

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Background:

Common bile duct (CBD) stones have been noted in 10% to 15% of patients with Cholelithiasis. CBD stones results from stones originating in the gallbladder(GB) and migrating to the cystic duct. Impacted CBD stones & dense GB adhesions often increase chances to conversion to an open procedure during lap CBD exploration. we used 3-D laparoscopy for better visualisation.

Case Report :

A 73 years old female with no prior medical history presented with recurrent colicky abdominal pain since 6 months with vomiting. She had fever with chills & anorexia since 2 months. No history of jaundice, passing clay colored stools, diarrhoea/constipation. She was no DM/HTN.
Her abdomen was soft with mild tenderness in RUQ. No organomegaly or any obvious lump. Her labs were normal except bilirubin 2.7 (Direct-2.1).
Ultrasound showed Cholelithiasis with choledocholithiasis. MRCP showed Multiple common bile duct and common hepatic duct stones largest 2.3 cm in CHD.
-Patient was taken for Laparoscopic Cholecystectomy with CBD exploration in a 3D camera setup. Dense fibrotic adhesions of GB were removed using harmonic shears. Multiple large impacted CBD calculi were removed after opening the CBD. T-Tube was placed with a sub-hepatic abdominal drain. 5 ports were used.

Patient was kept nil by mouth for 24hrs. Orally allowed after 24hrs, patient tolerated feed well.. Nil drain output for 3days, drain removed on 3rd day. On 5th day T tube cholangiogram done. T tube removed on day 6th. Patient was discharged on POD 7 with bilirubin of 0.8

Results: The first follow-up visit was 15 days after discharge and the patient was tolerating a regular diet without any episode of abdominal pain. Histopathology examination showed chronic Cholecystitis.

Conclusion: Lap Cholecystectomy with CBD exploration is a standard and preferred choice of treatment for large multiple CBD stones. Choledochotomy for CBD clearance with cholecystectomy done in a 3D system eases the visibility and helps in treating calculous biliary tract disease in a single setting without additional anesthesia/procedure. It is very effective in clearing difficult CBD stones even in presence of altered biliary anatomy. It provides depth perception, easy laparoscopic dissection leading to shorter hospital stay & lower hospital cost. Intra op fluoroscopic guided cholangiogram & Post-op T tube cholangiogram help in removal of retained stones. Such a minimally invasive approach would help to improve patient quality of life by minimizing treatment-related discomfort.

References

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