RETAINED STONE POST-CHOLECYSTECTOMY IN A PATIENT WITH ROUX-EN-Y RECONSTRUCTION

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BACKGROUND

- **Retained common bile duct (CBD) stones post-cholecystectomy are challenging, particular in patients with altered anatomy from previous surgeries, such as Roux-en-Y reconstruction. Accessing the biliary tree in such cases often requires advanced techniques.**
- **This case report highlights a laparoscopic trans-cystic approach in managing retained CBD stones in a patient with Roux-en-Y anatomy where endoscopic and radiologic methods failed.**

CASE PRESENTATION

We present the case of an 84 year old female with a history of gastric cancer, treated with distal gastrectomy and Roux-en-Y reconstruction who presented with symptomatic gallstones. The patient had initially presented with symptomatic gallstones and underwent a laparoscopic cholecystectomy in 2020. This surgery was done after the patient had a Roux-en-Y bypass reconstruction given the history of gastric cancer. She experienced intermittent CBD obstructions over the following months. Initial endoscopic retrieval attempts were unsuccessful due to the complex altered anatomy. Interventional radiology could not access the CBD as there was no intrahepatic biliary ductal dilation.

A laparoscopic trans-cystic CBD exploration was then determined to be the operation of choice. After extensive lysis of adhesions, the CBD and cystic duct remnant were exposed, and dissection to the confluence with the common duct was completed. A ductotomy allowed choledochoscopy, revealing multiple small cholesterol stones in the CBD, which were retrieved using a wire basket. Cholangiography confirmed no residual stones, with clear passage of contrast into the duodenum. The cystic duct was closed with an Endo GIA stapler. The patient tolerated the procedure well, with no further CBD obstructions.

CONCLUSION/DISCUSSION

This case demonstrates the challenges of managing retained CBD stones in patients with post-gastrectomy reconstructive anatomy. While trans-gastric ERCP is common, it requires a high level of expertise and may not always be feasible.

The laparoscopic trans-cystic approach provided an effective alternative for direct access and stone retrieval, showcasing the need for individualized surgical strategies and the flexibility of minimally invasive techniques in complex cases.

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