

FOREIGN BODY IN THE COMMON BILE DUCT - DEFYING NATURE - A CASE REPORT

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ABSTRACT

A 59-year-old male presented with the complaint of pain in the right upper abdomen of ten days duration. It was associated with passage of high colored urine and pale colored stools. There was minor elevation of liver enzymes but his bilirubin levels and alkaline phosphatase were grossly elevated (T.Bilirubin- 26.1mgs%, D.Bilirubin- 23.1mgs%, Alkaline phosphatase- 562). Viral markers were negative. The patient was clinically

diagnosed to have obstructive jaundice secondary to stricture, stone or sludge. During surgery, the gall bladder was distended and there were severe inflammatory adhesions in the lower CBD. The CBD and cystic duct were dilated. The CBD exploration was done. A coriander twig with surrounding sludge was found and was removed in toto.

Key words : Foreign bodies, commonbile duct, case reports

CASE HISTORY:

A 59-year-old male presented with a complaint of pain in the right upper abdomen of ten days duration. It was associated with passage of high colored urine and pale colored stools. He developed generalized itching three days later and also complained of non-bilious vomiting for four days. Appetite was lost with a weight loss of 7 kilograms.

EXAMINATION FINDINGS:

Patient was moderately built and nourished. Pallor and icterus were present. Systemic examination was otherwise unremarkable. His abdomen was soft and the gall bladder was palpable. Rectal examination was normal.

GENERAL INVESTIGATIONS:

The routine blood values were within normal limits. There was minor elevation of liver enzymes but his bilirubin levels and alkaline phosphatase were grossly elevated (T.Bilirubin- 26.1mgs%, D.Bilirubin- 23.1mgs%, Alkaline phosphatase- 562). Viral markers were negative.

SPECIFIC INVESTIGATIONS:

Upper gastro-intestinal endoscopy done was normal. Ultrasound of the abdomen showed an isoechoic lesion with few specks in the distal CBD, there was dilatation of the intra hepatic biliary radicles, Magnetic resonance cholangio pancreatogram (MRCP) showed a filling defect in the lower CBD suggestive of a stricture, stone or sludge. (Fig. 1)

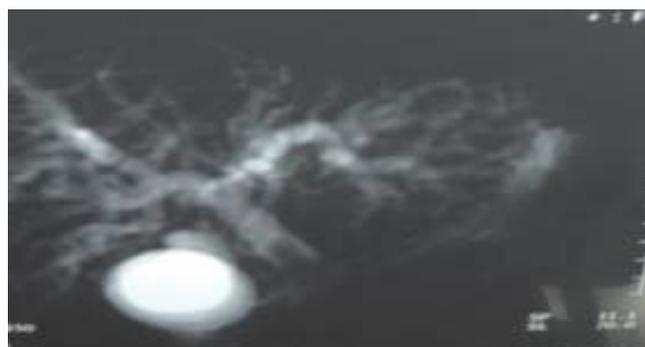


Fig 1 : MRCP showing filling defect in lower CBD:

SURGERY:

Under general anaesthesia the peritoneal cavity was entered. The gall bladder was distended and there were severe inflammatory adhesions in the lower CBD. The CBD and cystic duct were dilated. CBD exploration was done. A coriander twig with surrounding sludge was found and was removed in toto (Fig 2). On table T-tube cholangiogram showed free flow of dye into the duodenum.



Fig. 2 : THE FOREIGN BODY: Coriander twig with surrounding biliary sludge.

POST OPERATIVE PERIOD:

The patient had a smooth postoperative phase. On the ninth postoperative day a T- Tube cholangiogram was done which showed no residual foreign body and free flow of dye into the duodenum. The T tube was removed on 10th postoperative day.

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Follow up liver function test showed a T.Bilirubin of 7.2mgs%, D.Bilirubin of 5.9mgs% and alkaline phosphatase of 293.

DISCUSSION:

Very few cases of foreign body in CBD have been mentioned in literature. Most reported cases however have a history of intervention in the biliary tract previously either by surgery or endoscopic intervention[1].The presence of a foreign body in an unexplored or virgin CBD has not yet been reported. The occurrence of foreign bodies with the ligaclips as a nidus for stone formation has been reported following Laparoscopic cholecystectomy [2]. The occurrence of animal food matter i.e. chicken [3]and fish bones[4] have also been mentioned. Vegetable matter as in our case has been found in the form of cherry stalks [5].

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