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BILOPTISIS IN THE SETTING OF BILIARY LEAK AN UNUSUAL LUNG ABSCESS

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CASE DESCRIPTION

- A 70-year-old man, with past medical history of biliary pancreatitis, underwent elective cholecystectomy. Iatrogenic common bile duct (CBD) section was corrected with choledoco-choledocal anastomosis. Due to increases biliary drainage after *Kehr* drain removal, MRCP was performed and documented CBD stenosis with contrast leakage for an adjacent collection (32mm).
- ERCP revealed large output biliary leak related to the anastomotic stenosis. Therefore a 12cm straight biliary stent (7Fr) was placed.

2 weeks after the patient was admitted to the ER due to chest pain and productive cough.

- ✓ Laboratory findings: leukocytosis (16.1x10E3) and elevated CRP (16.1 mg/dL). Normal bilirubin, transaminases, GGT and AF.
- ✓ Hospitalized with the presumptive diagnosis of tracheobronchitis respiratory failure.
- ✓ **On the second day of hospitalization thoraco-abdominal CT scan was performed due to biloptisis.**



Figure 1 –Abdominal-CT revealed biliary stent migration. The distal end of the biliary stent the in the lumen of the distal VBP and the proximal is migrated, overtaking the liver, breaking the diaphragm, being in the middle lobe of the right lung. In this topography, a lung abscess (25mm) was observed.

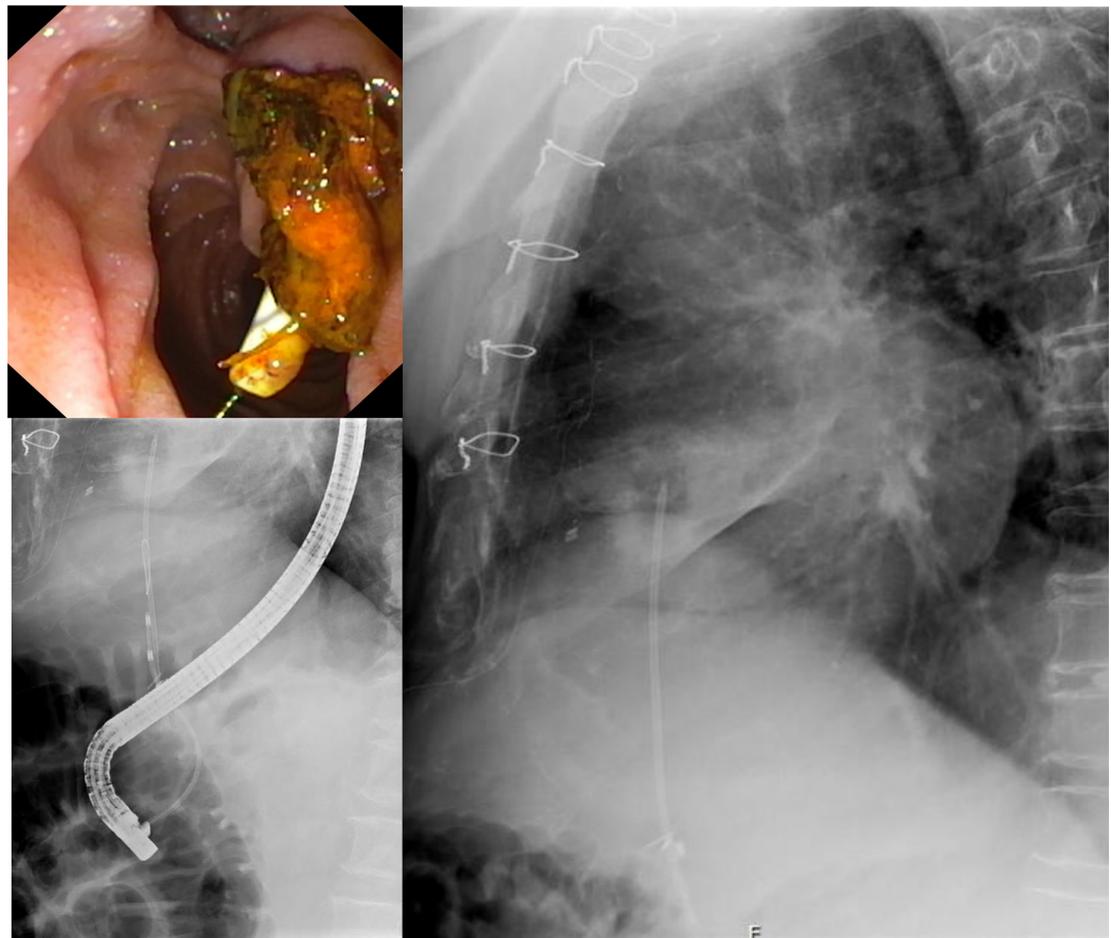


Figure 2 – Urgent ERCP with biliary stent removal with Balloon catheter

The patient had a positive evolution and was discharged after 2 weeks. Clinical, analytical and imaging reevaluation at 6-months revealed favorable progression.

CONCLUSION

Cholangitis, bleeding, perforation, pancreatitis and migration are possible complications of biliary stents. Migration is the most common (5-10%). However, transmural perforation is rare (<1%). The present case includes unusual imaging and endoscopic findings of migration of biliary prosthesis with hepatic, diaphragmatic and pulmonary perforation.

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