



and Other Interventional Techniques

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Delayed cholangitis resulting from a retained T-tube fragment encased within a stone

A rare complication

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Received: 3 September 2001/Accepted in final form: 17 October 2001/

Online publication: 8 February 2002

DOI: 10.1007/s00464-001-4235-5

Abstract

Inserting a T-tube after choledochotomy for the removal of bile duct stones remains a time-honored practice. Biliary drainage after bile duct exploration has some advantages. It minimizes bile leakage, provides access for cholangiography, and removes occasional retained stones. The use of T-tubes also has been associated with significant complications. Biliary sepsis, bile duct trauma during removal, bile leakage leading to peritonitis, retention of a fragment, stricture formation after removal have been reported. We report an unusual case of cholangitis caused by a T-tube fragment within a large stone, occurring 11 years after bile duct exploration. A 39-year-old woman underwent common bile duct exploration with insertion of a T-tube. Cholangiography was normal, but as the T-tube was removed, its horizontal limb was missing. The patient failed to present for endoscopic removal a few weeks after surgery. Five years later, she presented with recurrent biliary pains and a mild episode of cholangitis. This last episode was associated with severe pain and jaundice. After initial conservative treatment, endoscopic retrograde cholangiopancreatography was performed, and endoscopic removal of the fragment and stone material was successful. Despite the declining numbers of bile duct explorations in the laparoscopic era and the tendency to use transcystic drainage or primary closure of a choledochotomy, the T-tube will continue to be a useful tool in biliary surgery, subject to consideration of the indications and the available alternatives. The reported case highlights the importance of

careful tube preparation to prevent partial separation at removal, and early removal of a missing fragment to avoid potential serious complications.

Key words: Bile duct exploration — T-tube Complications — ERCP — Cholangitis

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Intramural pseudodiverticulosis of the esophagus

Case reports and review of the literature

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Received: 9 March 2001/Accepted in final form: 27 September 2001/

Online publication: 8 February 2002

DOI: 10.1007/s00464-001-4234-6

Abstract

Esophageal intramural pseudodiverticulosis (EIPD) is a rare condition seen in the elderly, with a male-to-female ratio of 3:2. Multiple small outpouchings occur in the submucosa of the esophageal wall, caused by dilation of the excretory ducts of the mucus glands. This disorder may be associated with gastroesophageal reflux, motility disorders, candidiasis, or other conditions. Inflammation, resulting in periductal fibrosis and compression of the duct orifices, may be a causative factor. Usually, EIPD presents with progressive dysphagia related to esophageal stenosis or strictures in the great majority of patients. Radiologic examination is more sensitive than endoscopy in detecting these tiny saccular diverticula in the esophageal wall. They often are noted to disappear after esophageal dilation, but may persist asymptotically in some patients. We report two cases of dysphagia associated with reflux and *Candida* infection in elderly patients. The diagnosis of EIPD was made, and both patients were treated successfully. A review of the available literature suggests that EIPD may be missed easily because of subtle endoscopic and radiologic