A 50-years-old woman underwent open cholecystectomy after endoscopic retrograde cholangiography, clearance of the common bile duct (CBD), and plastic stent placement. She had undergone sphincterotomy for cholangitis 4 years previously, but did not report for follow-up as she apparently remained asymptomatic. She now presented with epigastric pain and jaundice, which she had had for 1 month, with no fever. Laboratory tests were normal except raised levels of serum bilirubin (3.8 mg/dL, normal range < 1.2 mg/dL), serum glutamic oxaloacetic transaminase (SGOT) (61 IU/L, normal range < 43 IU/L), serum glutamic pyruvic transaminase (SGPT) (58 IU/L, normal range < 43 IU/L), and serum alkaline phosphatase (388 IU/L, normal range < 306 IU/L). Abdominal ultrasound revealed a large (18 mm × 15 mm) stone along with a stent within the dilated CBD. Endoscopy confirmed the presence of stent. Endoscopic CBD clearance, however, was not attempted in view of the large size of the stone. Open CBD exploration revealed a large cast of stone (~8 cm × 2 cm) encasing the intrabiliary part of the stent (\textbf{Fig. 1}), which was removed with difficulty. After choledochoscopy to ensure complete CBD clearance, choledochoduodenostomy was carried out with an uneventful postoperative course.

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