Postcholecystectomy Mirizzi’s syndrome is an extremely rare condition that is caused by a stone in the cystic duct remnant. Remnant cystic duct calculus could be due to either a retained stone or recurrence of a stone [1]. A 68-year-old woman with jaundice, fever, and abdominal pain was admitted to our hospital. She had been diagnosed with type-1 Mirizzi’s syndrome 8 months previously and had undergone laparoscopic cholecystectomy. Laboratory studies at our hospital revealed the following results: leucocyte count 27 430, alanine aminotransferase 88 U/L, aspartate aminotransferase 173 U/L, gamma glutamyl transferase 484 U/L, lactate dehydrogenase 624 U/L, and direct serum bilirubin 5.67 mg/dL.

She underwent endoscopic retrograde cholangiopancreatography (ERCP). During cholangiography, a stone measuring nearly 1 cm was observed at the junction of the common bile duct (CBD) and cystic duct stump, causing compressive stricture of the CBD (Fig. 1a). The stone could not be extracted with a balloon or captured by a basket despite several attempts at retrieval. The junction of the CBD and cystic duct was therefore dilated using a 12-mm balloon (Fig. 1b), and the stone was removed using an extraction balloon (Fig. 1c). The removal of the stone was confirmed by cholangiography (Fig. 1d).

This is the first case in the literature describing balloon dilation at the junction of the CBD and cystic duct stump for the treatment of postcholecystectomy Mirizzi’s syndrome. Although ERCP is traditionally used before surgery [2], we consider that this is an effective and safe alternative method for the treatment of postcholecystectomy Mirizzi’s syndrome.

Competing interests: None

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