A 62-year-old woman with hypothyroidism and hypertension presented to an outside hospital with abdominal pain. She was found on her initial workup to have choledocholithiasis and was transferred to our institution for endoscopic retrograde cholangiopancreatography (ERCP). The cholangiogram demonstrated common bile duct (CBD) dilatation, with right and left hepatic duct dilatation (Fig. 1a). When mechanical lithotripsy to break up the stone was attempted, the stone and basket became impacted in the distal CBD during extraction (Fig. 1b). An emergency lithotripter (Olympus America, Center Valley, Pennsylvania, USA) was used to release the basket from around the stone, but the
device broke owing to a mechanical malfunction and the wires of the basket were severed near the handle and sheath. Direct cholangioscopy was then performed with electrohydraulic lithotripsy (EHL) to fragment the stone (Fig. 2), although further attempts were unsuccessful. A computed tomography (CT) scan of the abdomen after the procedure showed the impacted hardware (Fig. 3). A multidisciplinary decision was made to repeat ERCP with EHL and attempt removal of the hardware. Direct cholangioscopy was used to perform EHL for over 40 minutes to break up the stone. The basket was then grasped with a rat-toothed forceps and was successfully removed from the CBD (Video 1). It was then possible to clearly visualize the hilum of the CBD and there was no evidence of retained stone fragments or obvious biliary tract disruption (Fig. 5).

Impaction of lithotripter baskets and emergency lithotripter malfunction during ERCP are rare occurrences. We present a case in which an impacted lithotripter and CBD stone were treated with EHL resulting in destruction of the retained stone so that the lithotripter basket could then be pulled out.

Competing interests
Juan Carlos Bucobo is a consultant for Boston Scientific.

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