An 8-mm dilation balloon (MaxForce, Boston Scientific/Microvasive, Natick, Massachusetts, USA) was passed over a guide wire and inflated to maximum pressure for 1 min. The stones and biliary sludge were extracted by means of retrieval balloons and a Dormia basket. As the patient had cholangitis and complete bile duct clearance was not certain, a 7-Fr double pigtail stent, 7 cm long, was inserted at the end of the procedure to ensure biliary drainage [4].

After the procedure, the patient developed acute pancreatitis. She had to be admitted to the intensive-care unit 48 h later because of persistent ileus and renal failure. Respiratory distress occurred and mechanical ventilation became necessary. She died 34 days after the ERCP.

This unfortunate case may raise further concern regarding the safety of EBD, even in elderly patients. It is certainly an isolated case. In addition, the fact that the ERCP unit concerned is a small one may involve some reporting bias in the analysis of the complication. However, the center has never previously encountered such a severe complication after EST for choledocholithiasis following an easy bile duct cannulation [7]. Some authors consider that EBD should be avoided in routine clinical practice [5]. EBD should be regarded as a risky procedure, even in older patients and when it is carried out instead of EST in order to avoid potential complications.

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References


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