A 57-year-old woman with an allergy to iodinated contrast presented with intermittent right upper quadrant pain. Laboratory test results were as follows: total bilirubin 4 mg/dL, alkaline phosphatase 164 mg/dL, and normal amylase, aspartate transaminase, and alanine transaminase levels. A solitary 1-cm calculus was identified in the distal common bile duct on magnetic resonance imaging (Fig. 1); linear-array endosonography confirmed the presence of a 0.9-cm calculus (Fig. 2). Using a needle-knife, a 0.035-inch guide wire, and a 12-mm extraction balloon (all Boston Scientific, Natick, Massachusetts, USA), the bile duct was cannulated, the papilotomy extended, and the stone extracted, all under endoscopic ultrasound (EUS) guidance (Fig. 3, 4). Standard cannulation under EUS guidance was unsuccessful, probably due to the presence of stone in the distal common bile duct/ampulla. There were no complications resulting from the endoscopic intervention. The patient underwent an uneventful laparoscopic cholecystectomy and no residual stones were noted at intraoperative cholangiography.

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Bile duct stone extraction under endoscopic ultrasound guidance without fluoroscopy or contrast injection

Fig. 1 Magnetic resonance imaging view of a distal common bile duct stone.

Fig. 2 Endoscopic ultrasound (EUS) demonstrated a stone in the distal common bile duct.

Fig. 3 A fistulotomy was performed under EUS guidance.
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Bibliography

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Fig. 4 EUS image of the needle-knife.