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CASE REPORT

Opening a Sealed Peptic Ulcer During Endoscopic Sphincterotomy

Süleyman ÇETİNKÜNAR[1], Hasan ERDEM[1], Enver REYHAN[1], Mehmet AZİRET[1], Oktay IRKORUCU[1]

[1] Department of General Surgery, Adana Numune Training and Research Hospital, Adana, Turkey

ABSTRACT

Perforation during endoscopic sphincterotomy is a well-known complication, and it is almost always retroperitoneal. Intraperitoneal perforation after the procedure is very rare and has been reported in unusual cases. We report a peptic ulcus perforation during the endoscopic retrograde cholangiopancreatography.

Key words: *Peptic ulcus perforation, Endoscopic sphincterotomy*

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ÖZET

Endoskopik Sfinkterotomi Sırasında Açılan Peptik Ülser

Endoskopik sfinkterotomi sırasında perforasyon olması iyi bilinen bir komplikasyon olup hemen hemen daima retroperitoneal yerleşimlidir. İşlem sonrasında intraperitoneal bir perforasyon oldukça nadir görülmekte ve bu konuda az sayıda olgu yayımlanmıştır. Bu nedenle endoskopik retrograd kolanjiyopankreatografi sırasında gelişen bir peptik ulkus perforasyonu olgusunu sunmaktayız.

Anahtar kelimeler: *Peptik ulkus perforasyonu, Endoskopik sfinkterotomi*

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CASE REPORT

A 61-year-old male with upper abdominal pain and obstructive jaundice was admitted to our emergency department. Endoscopic retrograde cholangiopancreatography was performed and a biliary stent was introduced into the common biliary duct for a suspected malignant biliary stricture (Figure 1). No additional pathology was detected on endoscopic retrograde cholangiopancreatography. Six hours after the procedure, abdominal distension and dyspnea developed, and computed tomography scan showed pneumoperitoneum and extravasation of the oral contrast medium (Figure 2). Laparotomy was carried out and a duodenal ulcer on the bulbus, which had been perforated and penetrated to the corpus of the gallbladder, was identified. On surgical exploration, fibrinous exudate in the foramen of Winslow and paracolic region was detected, but there was no sign of retroperitoneal free air or bile. The ulcer was dissected from the gallbladder and repaired by Graham patch procedure.

DISCUSSION

Perforation during endoscopic sphincterotomy is a well-known complication, and it is almost always retroperitoneal[1]. It may cause well-recognized symptoms of retroperitoneal air and occasionally subcutaneous emphysema. However, intraperitoneal perforation after the procedure is very rare and has been reported only in unusual cases[2]. In the presented patient, perforation occurred at the site of the duodenal ulcer on the anterior wall of the bulbus, not on the sphincterotomy, but it was undetectable by the endoscopist during the procedure. The manipulation of the endoscope and air insufflation probably led to opening of the sealed ulcer (Figure 3). Air passed into the peritoneum and abdominal distension developed progressively in 6-8 hours.

Any procedure has both limitations and potential complications, and endoscopic retrograde cholangiopancreatography is no exception. Before performing therapeutic endoscopic retrograde cholangiopancreatography in a patient with signs of concomitant addi-

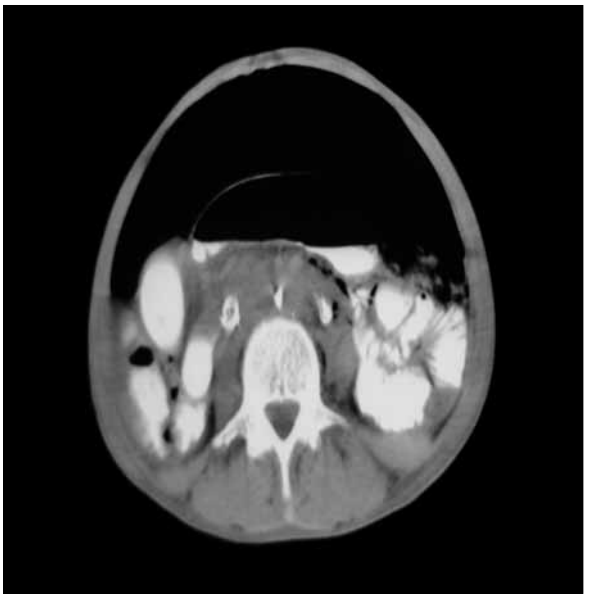

Figure 2. Free intraperitoneal air seen abdominal computed tomography scanning with no extravasation and air in retroperitoneum.

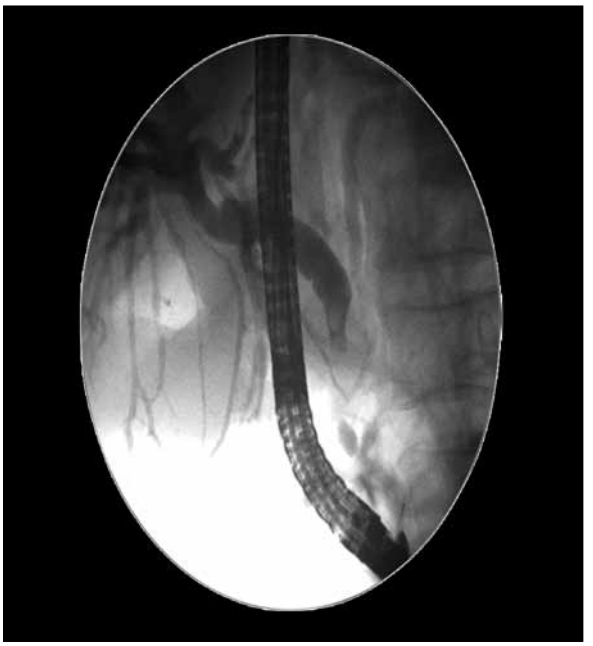

Figure 1. Cholangiography.

Figure 3. The opening of the sealed duodenal ulcer shown by tip of the clamp.

tional gastrointestinal disorders, such as penetrating duodenal ulcer or gastric cancer, etc., conventional gastroduodenoscopy should be performed in order to not overlook this situation.

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Address for Correspondence

Süleyman ÇETİNKÜNAR, MD
Department of General Surgery
Adana Numune Training and Research Hospital
Adana-Turkey

E-mail: slmcetin@gmail.com