INTRODUCTION

Endoscopic retrograde cholangiopancreatography (ERCP) is usually used in treatment of common bile duct (CBD) stones with or without stent insertion. Adverse events related to ERCP and stenting has been found in approximately 5%–10% of cases.

Case report: Here by we present a very rare case of ERCP stent migration through lateral CBD wall. Abdominal drain was removed on POD-2 and patient was discharged from hospital on POD-2. Her post-operative recovery remained uneventful.

Keywords: ERCP, CBD stones, Biliary stent, Migration

DISCUSSION

In 1980 Soehendra et al1 introduced transpapillary biliary drainage using plastic biliary stent. Since then biliary stents are often used for the treatment of benign obstructive biliary disease. Biliary stents nevertheless causes serious complications and one of these is stent migration which occurs in up to 10% of patients.1 Migration of endoscopically placed biliary stents is a well-recognized complication of endoscopic retrograde cholangiopancreatography. Post ERCP distal migration of a biliary stent are rare complications with incidence less than 6%.3, 6 Biliary stents however are not without complications. The complication rate ranges between 8% and 10%, with a mortality rate below 1%. Complications specific to the stents include migration, occlusion, and intestinal perforation.2, 7 Numerous stent-related adverse events have been described, including stent occlusion, bowel wall perforation, and injury to the biliary or pancreatic duct. Unintended migration of plastic biliary or pancreatic stents has been reported in 5% to 6% of patients.2 If the stent migrates to the digestive tract, then 43% are evacuated spontaneously. Plastic stent migration is more frequent in patients with benign pathology without severe stenosis of the bile duct or papilla.2 The migration of biliary stents may be due to type and nature of stents used or the duration between ERCP and LC when the stent in situ. Most cases of distal biliary stent...
migration are due to malignant strictures, larger diameter stents, and shorter stents.\textsuperscript{3} Sphincter of Oddi dysfunction and longer stents were associated with proximal pancreatic stent migration. Migration of stents out of the common bile duct occurred more frequently in papillary stenosis.\textsuperscript{2}

This stent migration may sometimes lead to CBD injury followed by formation of CBD stricture or perforation of CBD leading to biliary peritonitis. Treatment for stent retrieval is carried out endoscopically\textsuperscript{8}, using baskets, forceps or the lasso technique\textsuperscript{9,10}, except for stents that have perforated the wall or protrude through a duodenal diverticulum.

CONCLUSION

Post ERCP bile duct stent migration to lateral CBD wall is a rare complication. There are no such reported cases previously. This case confirms about careful placement of stent, type of stent to be used and duration of stent to remain inside CBD and proper follow up so that we can avoid serious complications. Stent migration is an important complication. Multiple risk factors were associated with stent migration and need to be considered in the development of new stent types.

REFERENCES


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