CASE REPORT

Giant Common Bile Duct Stones Without Jaundice And A Shrivelled Gall Bladder

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A case is reported of a patient whose common bile duct contained giant stones. The patient did not give a history of jaundice and the gall bladder was shrivelled with no stones in it.

Case Report

A 61 year old woman weighing 81 kg. presented with vague dull abdominal pains more localized to the right upper quadrant for many years. There was no history of jaundice, fever with chills and rigor, or acute colicky pains. On examination, the liver was slightly enlarged and a firm to hard mass could be felt, consistent with a gall bladder swelling. Investigations revealed normal liver function test. Ultrasonogram revealed findings of Cholelithiasis, Choledocholithiasis, stones in the Hepatic ducts and Hepatomegaly.

On laparotomy, the gall bladder was found to be shrivelled and the common bile duct was so much dilated that it was difficult to distinguish whether it was the gall bladder or the common bile duct. A deliberate incision was made over the main lump and the stones removed one by one. There were many stones which were spilled and crushed while removing. Thus we were not able to fully account for all the stones. The total number for discreet stones we were able to account was 27. The diameter of one of the larger stones was 1 inches. The gall bladder was also removed along with the stones (figs. 1-3).

The stones were seen to be mainly localized to the common bile duct along with stones in the common hepatic duct. There were also some in both the right and left hepatic ducts. Close inspection of the anatomy after removal of the stones confirmed the

Fig 1 : The CBD stones.

Fig 2 : One of the larger stones [left] compared with the shrivelled gall bladder [right].

common bile duct and the gall bladder. A small size dilator could be negotiated up to the lower end of the common bile duct.

Fig 1 : Comparing two of the larger stones with two of the smaller ones.

Choledochoscopy was followed by Choledochojejunostomy and Jejunojejunostomy (Roux en Y). Histology of the gall bladder showed changes of acute and chronic cholecystitis.

Discussion

The incidence of common bile duct stones increases with increasing age of the patient, so that up to 25% of the elderly patients may have calculi in the common bile duct at the time of cholecystectomy¹. With stones in the bile ducts, a patient may be asymptomatic or have one or more of the symptoms of pain, jaundice, and fever. In obstruction of the common bile duct due to stones, distension of the gall bladder seldom occurs; the organ is usually shrivelled. Atrophy occurring 1 in 12 cases. Courvoisier's study of 187 cases revealed a shrivelled gall bladder in 70/37 with stones and distension in 92/100 cases out of other causes². The common bile duct diameter remains by far the most important discriminant in predicting the presence of bile duct stones³. When the surgical risk of cholecystectomy and choledocholithotomy is high, endoscopic sphincterotomy is effective and safe⁴. As a record of the number of gall stones, a patient whose gall bladder contained 25,530 stones has been reported⁵. In this case the stone sizes were 1mm to 1.5cm in diameter. Our findings may not be a record, but it definitely raises

eyebrows. Surgeons in our hospital all admit that they have never come across such large multiple stones coming from a single common duct. A lack of history of jaundice makes the case more noteworthy.

References

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