

## Endoscopic extraction of biliary stones and a migrated endoclip for acute pancreatitis

Mohammed Amine Benatta<sup>1</sup>, Marc Barthet<sup>2</sup>, Ariane Desjeux<sup>2</sup>, Jean Charles Grimaud<sup>2</sup>

<sup>1</sup>Digestive Endoscopy Unit, Central Hospital of Army (HCA), Algiers, Algeria; <sup>2</sup>Hôpital Nord Marseille, Hépatogastroentérologie et Oncologie Digestive, Marseille, France

Correspondence to: Mohammed Amine Benatta. Digestive Endoscopy Unit, Central Hospital of Army (HCA), Algiers, Algeria.

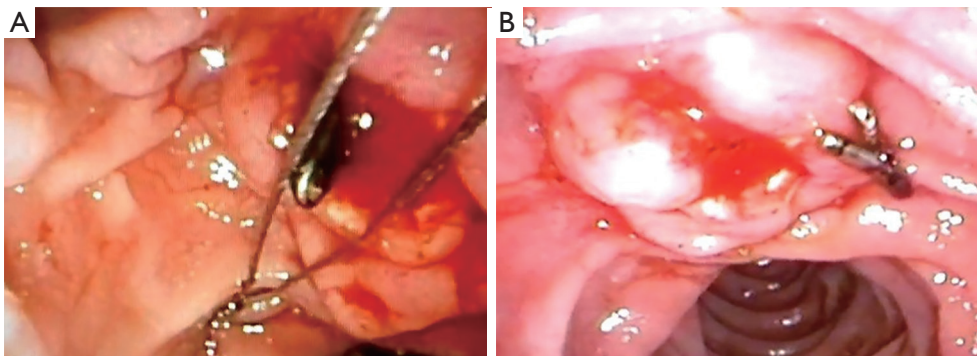
Email: benattaamine@yahoo.fr.

Submitted Oct 23, 2014. Accepted for publication Dec 23, 2014.

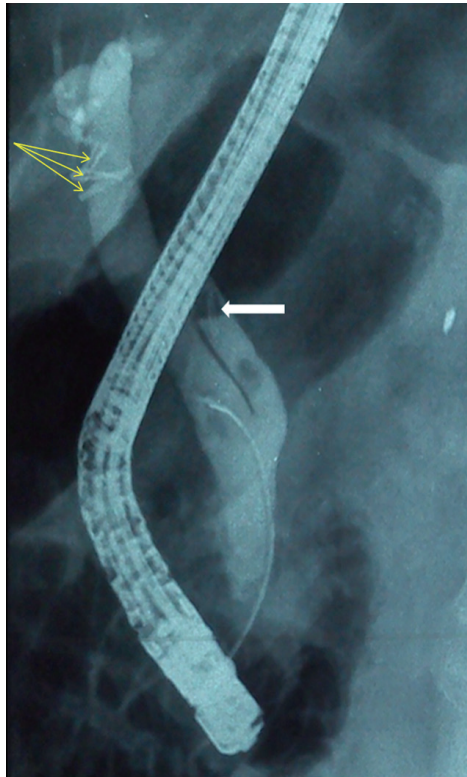
doi: 10.3978/j.issn.2304-3881.2015.01.09

View this article at: <http://dx.doi.org/10.3978/j.issn.2304-3881.2015.01.09>

Endoclips after laparoscopic cholecystectomy (LC) may migrate into the common bile duct leading to stone formation, obstruction, cholangitis, stenosis and even pancreatitis (1). Fewer than 78 cases of clip migration (CM) have been reported. The time interval for CM varies from 11 d to 20 y (2). Acute pancreatitis (AP) accounts for 8.7% of overall clinical presentation and diagnosis of patients with CM (2). A 74-year-old woman with LC six years earlier was referred for a mild AP diagnosed 2 months ago. Symptoms resolved after medical treatment. The magnetic resonance imaging showed marked dilatation of bile duct with two biliary stones. The latest laboratory tests were within the normal range. At endoscopic retrograde cholangiopancreatography (ERCP) the stones and an unexpected clip were extracted after endoscopic sphincterotomy (EST) (*Figure 1A,B*). These were lying freely in the cystic duct with almost three clips threatening to migrate (*Figure 2*). ERCP with EST allows diagnostic and extraction of both clip and stones, without complications. Two months later the patient was in satisfactory condition.



**Figure 1** (A) The migrated surgical endoclip through the papilla after EST; (B) the extracted migrated surgical endoclip. EST, endoscopic sphincterotomy.



**Figure 2** The surgical migrated clip was in the cystic duct (white arrow), clips threatening to migrate in the common bile duct (yellow arrows).

### Acknowledgements

*Disclosure:* The authors declare no conflict of interest.

*Informed Consent:* Informed consent was obtained from the patient for publication of this article and any accompanying images.

### References

1. Dolay K, Alis H, Soylu A, et al. Migrated endoclip and stone formation after cholecystectomy: a new danger of acute pancreatitis. *World J Gastroenterol* 2007;13:6446-8.
2. Chong VH, Chong CF. Biliary complications secondary to post-cholecystectomy clip migration: a review of 69 cases. *J Gastrointest Surg* 2010;14:688-96.

**Cite this article as:** Benatta MA, Barthet M, Desjeux A, Grimaud JC. Endoscopic extraction of biliary stones and a migrated endoclip for acute pancreatitis. *HepatoBiliary Surg Nutr* 2015;4(3):216-217. doi: 10.3978/j.issn.2304-3881.2015.01.09