

ERCP and Laparoscopic cholecystectomy in a patient with situs inversus totalis

Ihab I. El Hajj, MD, MPH,¹ Stuart Sherman, MD,¹ Eugene P. Ceppa, MD,² Glen A. Lehman, MD,¹

¹Department of Internal Medicine, Division of Gastroenterology and Hepatology, Indiana University School of Medicine, Indianapolis, IN

²Department of Surgery, Indiana University School of Medicine, Indianapolis, IN

Corresponding author:

Ihab I. El Hajj, MD, MPH
Assistant Professor of Medicine
Indiana University School of Medicine
550 N University Blvd, Suite 1634E
Indianapolis, IN 46204
Phone: 317-274-3255
Fax: 317-948-0164
Email: ielhajj@iu.edu

Case

A 61-year-old male with known situs inversus totalis (SIT), presented with acute cholangitis and pancreatitis. PE: Temperature 102.2°F (39°C), HR 98 bpm, epigastric/LUQ tenderness/rebound. Labs: elevated WBC/LFTs/Lipase. CT A/P: situs inversus, acute interstitial pancreatitis, multiple gallstones, mildly dilated biliary tree (Fig. 1). Patient was admitted, blood cultures drawn, IV antibiotics started.

ERCP was performed; patient in prone position, endoscopist at the right side of the table. In the stomach, the endoscope was turned 180° to the right and, under fluoroscopic guidance, D2 was reached (Fig.2A). Another 180° torsion to the right was necessary in D2 to retrieve the scope in the short position (Fig.2B). Edematous/bulging papilla with impacted stone at its opening were noted (Fig.2C). Needle knife precut sphincterotomy (Fig.2D) was performed freeing the stone into D2 and decompressing the biliary tree. This was followed by: cannulation of the bile duct,

extension of the sphincterotomy with pull-type sphincterotome (Fig.2D), sampling of the bile for C&S, balloon sweep of sludge, and limited cholangiogram (Fig.2A&2B). Patient rapidly improved. He underwent uneventful laparoscopic cholecystectomy few days later.

ERCP in SIT patients carries technical difficulties and requires adjusting the patient and/or endoscopist positions. Knowledge of the common methods (conventional vs mirror image method) coupled with the endoscopist's experience and the room setup (anesthesia/fluoroscopy equipment) should be considered in choosing the appropriate approach [1].

Disclosure:

Financial disclosure: None to report.

Informed consent was obtained for this case report.

CONFLICT OF INTEREST

Conflict of interest: None to report.

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Informed consent was obtained for this case report.

References

- [1]. Hu Y, Zeng H, Pan XL, et al. Therapeutic endoscopic retrograde cholangiopancreatography in a patient with situs inversus viscerum. *World J Gastroenterol* 2015;21:5744-8.

Figure 1

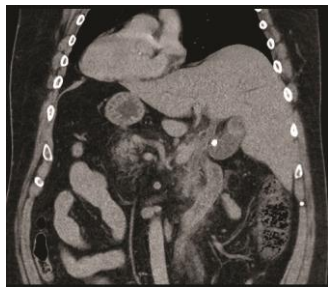


Figure 2 a



Figure 2 b

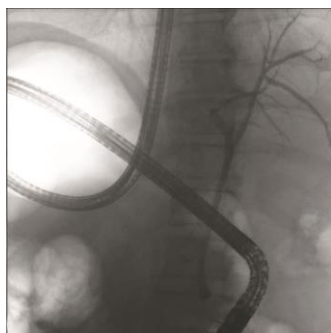


Figure 2 c



Figure 2 d

