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Large Stones At The Site Of Roux-en-Y Choledchojejunostomy May Cause Panperitonitis

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Background : Despite the advancement of endoscopic procedures, sometimes, Roux-en-Y choledochojejunostomy (RYCJ) has been performed for intractable intrahepatic duct (IHD) stones. We present a case of surgical treatment for panperitonitis resulting from a large stone at the RYCJ site in a patient who previously underwent cholecystectomy and RYCJ surgery.

Methods : An 86-year-old woman was admitted to the emergency room with diffuse abdominal pain originating from the right upper quadrant (RUQ). She complained RUQ pain two weeks ago, and the whole abdominal pain since that day. Her past history included an open cholecystectomy 20 years ago. Her vital signs on admission were as follows: blood pressure 124/63 mmHg, heart rate 89 bpm, respiratory rate 18 bpm, and body temperature 37.6℃. Physical examination revealed tenderness and rigidity throughout the abdomen, particularly severe in the RUQ. Laboratory results indicated WBC of 18,600, hemoglobin level of 9.8, platelet count of 182K, CRP of 7.18, AST of 29, ALT of 15, total bilirubin of 0.65, ALP of 40, r-GTP of 12, and BUN/Cr ratio of 13.9/0.51. A CT scan revealed previous cholecystectomy and RYCJ procedures. Notably, numerous IHD stones and a 10cm stone within the jejunal afferent loop (JAL) of the RYCJ were evident, alongside signs of free air and a minor fluid accumulation in the right paracolic gutter. Due to persistent abdominal pain and indications of peritonitis, a diagnostic laparotomy was conducted.

Results : During surgery, substantial adhesions were discovered. The JAL was significantly dilated due to the large stone, exhibiting ischemic changes in lateral wall and fluid collection in the vicinity. A segment of the compromised JAL wall was excised, enabling removal of the large stone after creating an opening in the wall. Subsequently, the stone forceps and saline irrigation, numerous IHD stones were extracted, followed by repair of the jejunal wall. After surgery, the patient continued to receive antibiotics and nutritional support. She was discharged on the 14th day of hospitalization without any complications.

Conclusions : Sometimes, Roux-en-Y choledochochojejunostomy could be conducted for intractable IHD stones, and then, the presence of stones in the JAL and their potential enlargement causes a risk of JAL wall injury. Hence, it is recommended to contemplate preemptive surgical removal to prevent this complication.

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