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Laparoscopic Choledocholithotomy And Transductal T-tube Insertion With Indocyanine Green Fluorescence Imaging And Laparoscopic Ultrasound

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Background : Laparoscopic choledochotomy for a large impacted common bile duct (CBD) stone is a challenging procedure because of the technical difficulty and the possibility of postoperative complications, even in this era of minimally invasive surgery. Herein, we present a case of large impacted CBD stones.

Methods : A 71-year-old man showed a distal CBD stone (45 x 20 mm) and a middle CBD stone (20 x 15 mm) on computed tomography. Endoscopic retrograde cholangiopancreatography failed due to the large size of the impacted stone and the presence of a large duodenal diverticulum.

Results : Laparoscopic choledochotomy was decided, and we used a near-infrared indocyanine green fluorescence scope to detect and expose the supraduodenal CBD more accurately. After that, the location, size, and shape of the stones were detected using laparoscopic intraoperative ultrasound. The CBD was opened with a 2-cm-sized vertical incision. After irrigating several times, two CBD stones were removed with Endo Babcock™. T-tube insertion was done for postoperative cholangiography and delayed the removal of remnant sludge. The patient had no postoperative complications.

Conclusions : Laparoscopic choledocholithotomy by transcholedochal approach and transductal T-tube insertion is a safe and feasible option for large-sized impacted CBD stones.

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