

# Choledocholithiasis

thumb|250px|ERCP – kámen ve žlučovodu **Choledocholithiasis** is the presence of bile stones in the extrahepatic or intrahepatic bile ducts.<sup>[1]</sup>

The stones are deposited in the bile duct, where they grow and can thus dilate the bile ducts. Choledocholithiasis complicates cholelithiasis in 8–15% .

Bile duct stones are divided into

1. **primary** – arise in the bile ducts, usually in places of congenital, inflammatory or traumatic stenoses or dilatations;
2. **secondary** – stones enter the bile ducts from the gallbladder, where they also formed.

## The clinical picture

Choledocholithiasis is manifested in most cases by **abdominal pain** , which is located either in the right upper portion or more often in the **epigastrium** . The pain lasts for several hours and it can return after a few days to months. The disease may also manifest as **symptoms of gallbladder obstruction** or in the form of biliary pancreatitis or acute cholangitis. **Jaundice** is variable in choledocholithiasis and depends on the degree of bile duct obstruction. In 10–20% of cases, the disease is **asymptomatic**.

## Diagnostics and laboratory tests

Laboratory tests reflect the degree of obstruction and inflammation of the bile ducts. In patients we measure sedimentation , CRP , blood count and during the feverish period we take blood culture . During obstruction, we encounter increased parameters of cholestasis (direct bilirubin , ALP , GMT). Choledocholithiasis is confirmed by **cholangiography** - it is most often used endoscopically (ERCP), less often percutaneously (**PTC**). Biliary dilatation can be seen on USG , but stones are misdiagnosed. In case of unclear diagnosis, we choose magnetic resonance imaging - cholangiopancreatography (**MRCP**).

We diagnose choledocholithiasis in:

- patients after cholecystectomy who again have pre-operative symptoms or develop intermittent jaundice and fever;
- patients with congenital, tumorous or post-inflammatory stenoses of the bile ducts.

## Therapy

- without therapy – minor attacks with fever and mild jaundice
- antibiotic treatment – in the elderly and immunosuppressed
- **endoscopic and transhepatic procedures** – - papillotomy, mechanical lithotripsy, extraction of stones, implantation of endoprostheses into the bile ducts (temporary solution), laser or electrohydrolytic destruction of stones
- surgical procedures – in case of endoscopy failure or in severe septic condition
- extracorporeal shock wave lithotripsy – for large stones that cannot be removed endoscopically

## References

### Reference Articles

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- Bile ducts
- Cholelithiasis
- Inflammatory diseases of the gallbladder and bile ducts
- Diseases of the gallbladder and pancreas in children
- Endoscopic retrograde cholangiopancreatography

### Reference

- 1.

### Použitá literatura

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Kategorie:Gastroenterologie Kategorie:Vnitřní lékařství Kategorie:Patologie Kategorie:Patofyziologie