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A RARE COMPLICATION OF DUODENAL ULCER- CHOLEDOCHODUODENAL FISTULA

General Surgery

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ABSTRACT

Choledochoduodenal fistula is an abnormal communication between duodenum and bile duct.Choledochoduodenal fistula accounts for 5 to 25% of all internal biliary fistula.Here we report a case of choledochoduodenal fistula secondary to chronic duodenal ulcer who presented with recurrent history of cholangitis with dilated CBD.

KEYWORDS

Fistula, Cholangitis, Duodenal Ulcer.

INTRODUCTION

Choledochoduodenal fistula is an abnormal communication between duodenum and bile duct. Choledochoduodenal fistula accounts for 5 to 25% of all internal biliary fistula. Here we report a case of choledochoduodenal fistula secondary to chronic duodenal ulcer who presented with recurrent history of cholangitis with dilated CBD

CASE REPORT:

38 year old male admitted with history of right hypochondrial pain ,vomiting and fever. Patient had no history of jaundice and malena. Patient had history of recurrent admissions for cholangitis and treated conservatively. Patient had history of peptic ulcer diseae on treatment for 10 years

ON EXAMINATION:

Patient was hemodynamically stable.general examination and abdominal examination normal. Basic laboratory investigations are within normal limit. USG Abdomen revealed pneumobilia and intrahepatic biliary radical dilatation, dilated CBD. CECT abdomen revealed pneumobilia, CBD dilated with diameter of 1.4cm, choledochoduodenal fistula seen.gall bladder shrunken.

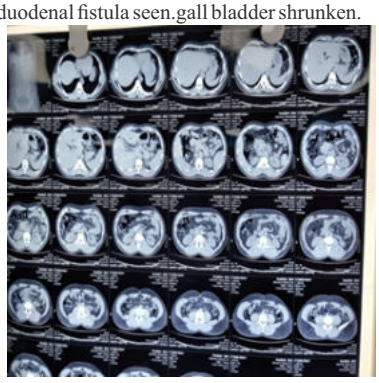

fig 1: cect abdomen

OGD Scopy: Duodenal bulb deformed. Choledochoduodenal fistula seen.

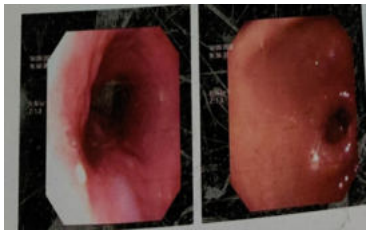

fig 2:OGD scopy

OPERATIVE PROCEDURE:

Since patient presented with recurrent cholangitis and dilated CBD, proceeded with surgery . Following are the intraop findings: contracted gallbladder, frozen calots , proximal CBD dilated,distal CBD adherent with D1. Supradudenal CBD transected choledochojejunostomy with jejunojejunostomy done.distal cut end ofCBD closed.

fig 3: Proximal CBD dilated with Distal CBD adherent with D1

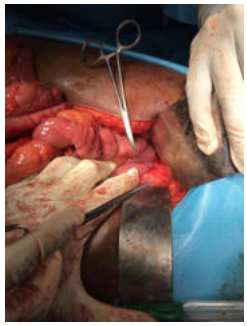

fig 4:choledochojejunostomy

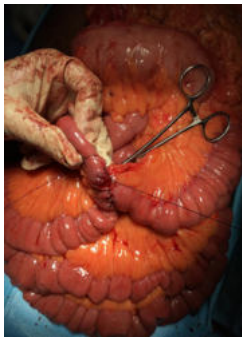

fig 5:jejunojenostomy

DISCUSSION:

Biliary tract fistulas are categorized into spontaneous and post-operative types. Spontaneous biliary-enteric fistulas are produced by gallstones (90%), peptic ulcer disease (6%) and malignancy or trauma (4%). The most common communication is cholecystoduodenal (61% to 77%), followed by cholecystocolonic (14% to 17%) and cholecystogastric (6%), choledochoduodenal fistula CDF (5%) . Previous biliary surgery is a lesser contributing factor.

CDFs are classified into distal and proximal types.
1.A distal CDF connects the duodenum to the region within 2 cm of the distal CBD.2.
A proximal CDF drains elsewhere of the biliary system (2 cm and above the junction of the CBD to the papilla).

Patients with CDF lose the barrier of papilla so there is exposure of the biliary system to gut flora and also chronic fluid and electrolyte wasting in the biliary system and malabsorption.

Most patients of choledochoduodenal fistula presents with symptoms of cholangitis due to ascending infection of biliary tract from duodenum. Choledochoduodenal fistula is diagnosed by pneumobilia in ultrasound,ct scan demonstrates fistula and pneumobilia. Endoscopy helps to confirm the diagnosis.

Treatment of asymptomatic choledochoduodenal fistula is anti ulcer theraphy. Surgery is recommended for refractory cases.

CONCLUSION:

In our case, choledochoduodenal fistula is due to long standing recurrent duodenal ulcer. surgery is done for this patient due to recurrent episodes of cholangitis and dilated CBD.

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