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BILIARY PERITONITIS WITH SPONTANEOUS CBD PERFORATION IN A CHILD: A CASE REPORT.

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KEYWORDS

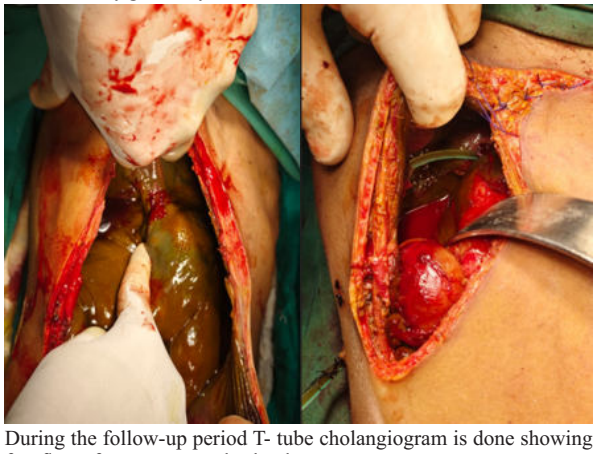
INTRODUCTION:

Spontaneous CBD perforation in children is a rare entity. If remains undiagnosed without prompt management can lead to increased morbidity and mortality. Surgical management remains the cornerstone in the management of such cases. We presented a case of spontaneous perforation of CBD in an 11-year-old child managed with T tube insertion followed by hepaticoduodenostomy.

CASE REPORT:

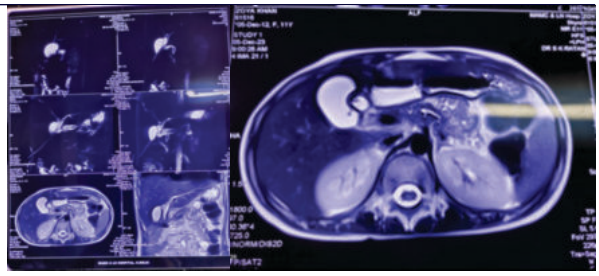
An 11-year-old girl child presented with gross abdominal distension and jaundice for 15 days. The child had undergone exploratory laparotomy for abdominal distension prior to that in an outside hospital but not documentation has been available. Post operatively child presented to us in an unstable state with raised bilirubin and icterus. After resuscitation child is planned for CECT w/a suggesting multiple loculated intraperitoneal fluid collection in the abdomen and pelvis with mass effect in bowel loops showing air level levels. Peritoneal tapping showed bilious fluid.

Upon exploratory laparotomy, gross peritoneal collection of bile (approx. 5 liters) with perforation of 0.5*0.5 cm in CBD at the junction of the cystic duct and CHD was noted with inter bowel adhesions. Thorough peritoneal washes were given with Kehr's T-tube placement through the perforation site with feeding jejunostomy placement was done. FJ feed were started in the post-op period and the child was allowed orally gradually.



During the follow-up period T- tube cholangiogram is done showing free flow of contrast up to the duodenum.

MRCP reveals dilated CBD and dilated main pancreatic duct with mild upstream central IHBRD and T-tube in situ.



The patient was subsequently operated for hepaticoduodenostomy and the postoperative period remained uneventful.

DISCUSSION:

Halabi et al concluded that due to the rarity of spontaneous CBD perforation, delayed diagnosis and intervention are common. A high index of suspicion and early surgical intervention are the mainstays of therapy[1]. The surgical options in CBD perforations are simple drainage at the site of perforation, with or without biliary diversion, and with or without primary repair[2]. Early surgical treatment (before infection sets in) is preferred, since the condition may be fatal if untreated[3].

In our case, early decision regarding surgical exploration and drainage in the form of T-tube drainage leads to early recovery and good postoperative outcomes. Definite surgical repair at a later period restores anatomical continuity and restores physiology.

CONCLUSION:

Spontaneous CBD perforation is a rare entity and early decision making and surgical exploration with drainage improves outcome and survival.

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