

[ PICTURES IN CLINICAL MEDICINE ]

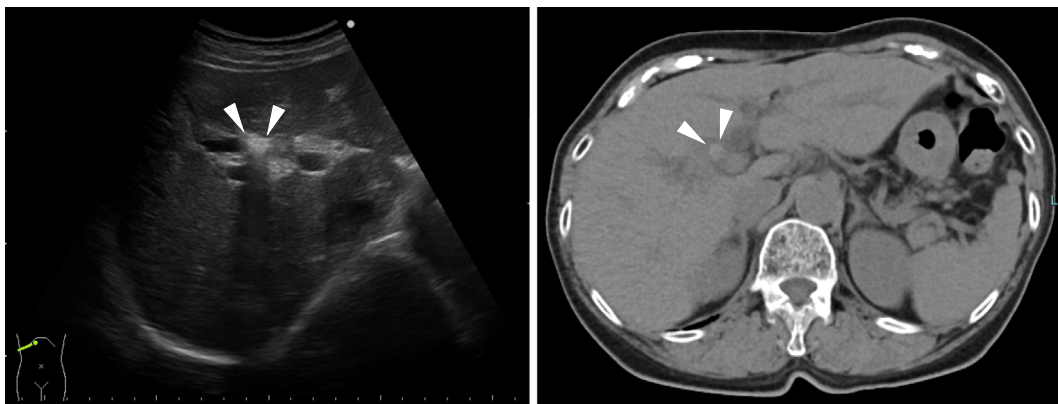
## Drip-infusion-cholangiographic Computed Tomography-guided Endoscopic Removal of an Intrahepatic Stone

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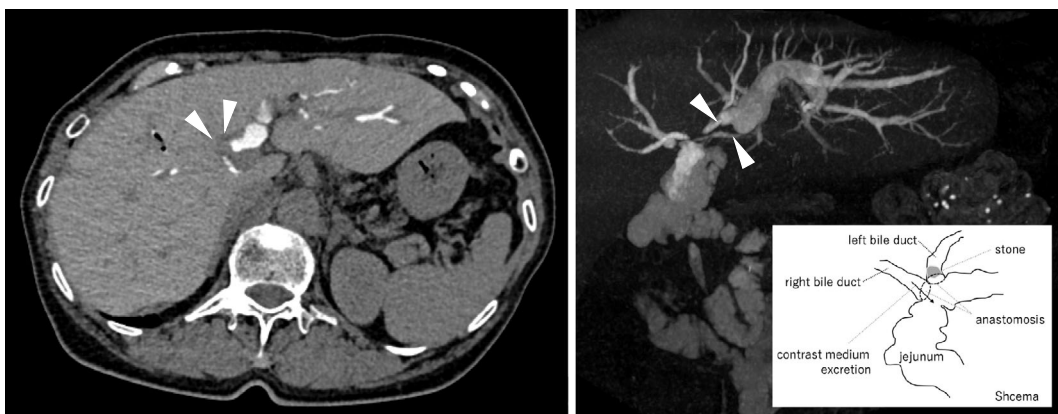
**Key words:** balloon endoscopy, bile duct injury, cholangiojejunostomy, cholangitis, drip infusion cholangiographic computed tomography (DIC CT), intrahepatic stone

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Picture 1.



Picture 2.

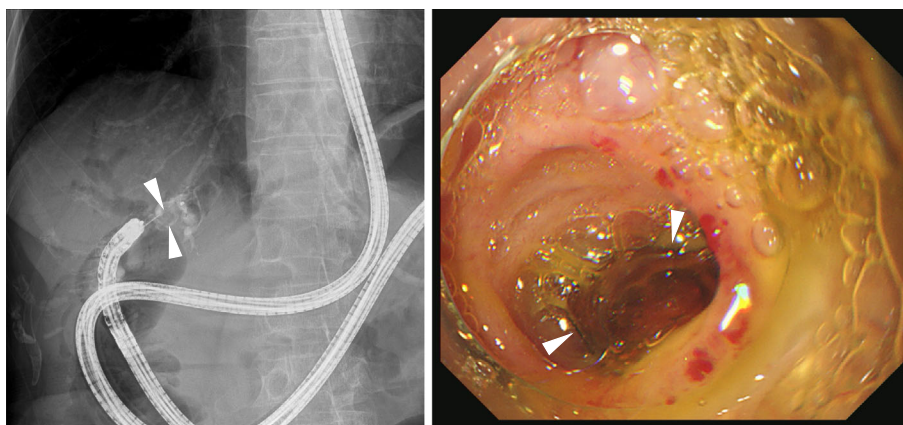
A 73-year-old woman presented with right abdominal pain, without a fever or jaundice. A physical examination revealed percussion-induced epigastric pain and surgical scars from cholecystectomy performed 36 years earlier; hepatobiliary enzymes were elevated. Ultrasonography and plain

computed tomography (CT) showed an intrahepatic stone (Picture 1). We were unable to determine the biliary anatomy in detail; therefore, we suspected an altered anatomy. Drip-infusion-cholangiographic (DIC) CT showed left intrahepatic bile duct dilation and contrast defect, pneumobilia in

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**Picture 3.**

the right intrahepatic bile duct, and contrast medium in the jejunal tract (Picture 2). Post-cholangiojejunostomy and cholangitis owing to a stone was diagnosed. The stone was removed via single-balloon endoscopy (Picture 3). DIC CT and magnetic resonance cholangiopancreatography (MRCP) each have their advantages and limitations (1). A previous report described the advantages of DIC CT over MRCP for detecting intrahepatic bile duct stones (2). In our case, DIC CT was particularly helpful for clarifying the cholangiojejunostomy anatomy and performing safe endoscopic therapy.

**The authors state that they have no Conflict of Interest (COI).**

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