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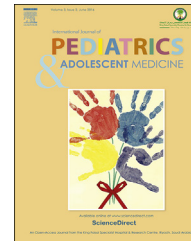


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WHAT'S YOUR DIAGNOSIS

What is your diagnosis? Abdominal pain complicating endoscopic retrograde cholangiopancreatography



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A 10-year-old boy was diagnosed with Down syndrome, and he had a duodenal atresia repaired when he was 10 days old. He presented with a history of jaundice and pale stools for the past 2 months. Laboratory studies yielded the following results: Alanine Aminotransferase 71.8 U/L, Aspartate Aminotransferase 81.3 U/L, Alkaline Phosphatase 1367 U/L, Gamma-Glutamyl transpeptidase 588 IU/L, Amylase 64 U/L, and Lipase 24 IU/L. Ultrasound of the abdomen exhibited a shadowing calculus in the distal Common bile duct (CBD) in the region of the head of the pancreas measuring 1 cm and causing intra- and extrahepatic biliary duct dilatation. The maximum CBD diameter was 1 cm with the intrahepatic duct measuring 0.3 cm (see Fig. 1).

The patient underwent Endoscopic Retrograde Cholangiopancreatography (ERCP) under general anesthesia. It was highly difficult to locate the ampulla of Vater endoscopically. However, after multiple attempts, a stone



Figure 1 Abdominal US showing a distal CBD stone.

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measuring approximately 1 cm was extracted via endoscopic sphincterotomy. No stent was inserted.

Post-ERCP, the patient started to complain of mild abdominal pain that was not aggravated by food intake. His

serum amylase and lipase levels remained normal. An abdominal X-ray is shown in Fig. 2 (Fig. 3).

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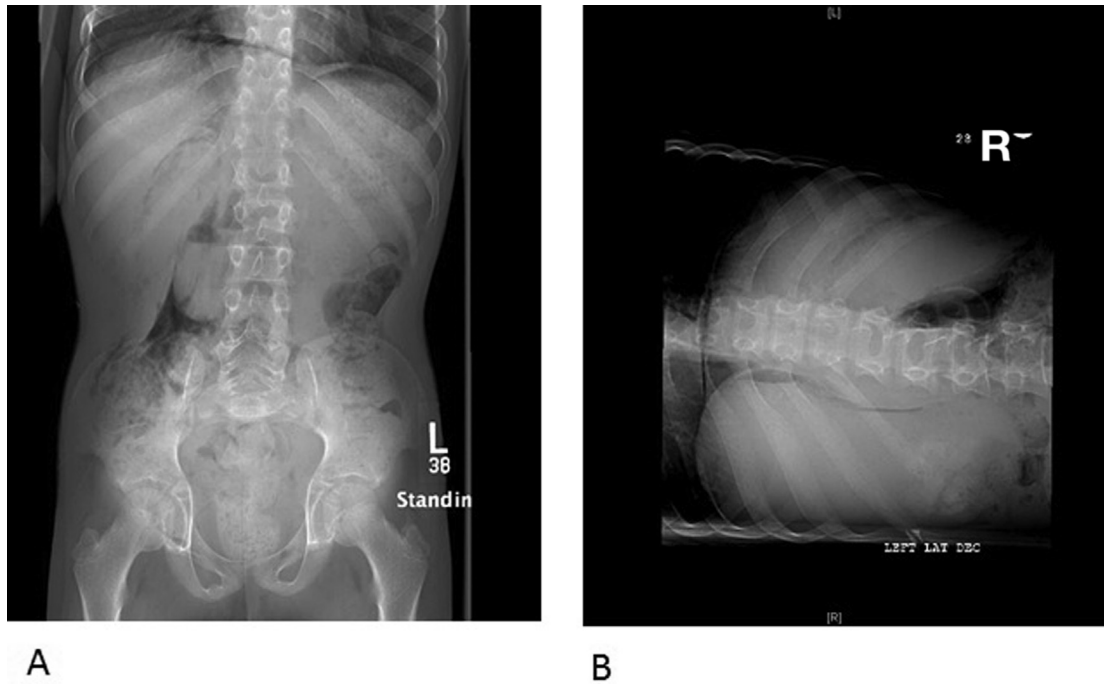


Figure 2 Abdominal X-rays: A: Standing position, B: Left lateral decubitus position.

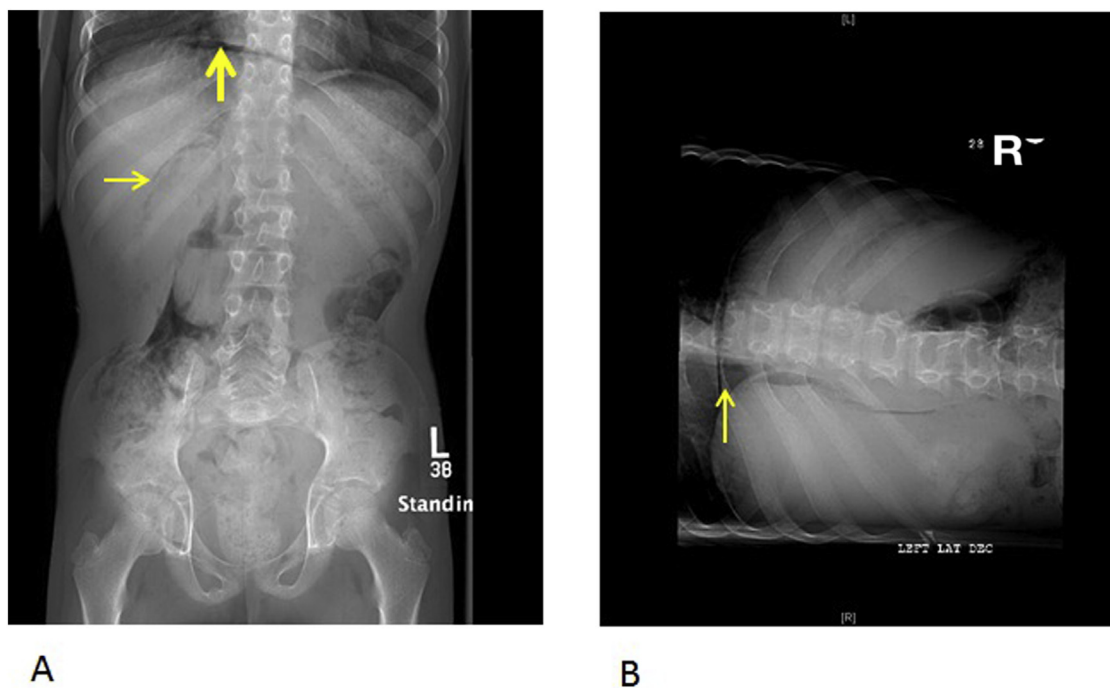


Figure 3 Retroperitoneal air. ↑: sub-diaphragmatic air did not move between standing and the lateral decubitus positions, A & B. →: retroperitoneal air outlining the right kidney.