Biliary T-tube migration into the duodenum - a rare cause of pancreatitis

Caroline Passaplan, Freddy Barros, François Pugin and Bernhard Egger
Department of Surgery, HFR Fribourg - Cantonal Hospital, CH-1708 Fribourg

BACKGROUND

T-tubes are traditionally placed after exploration of the common bile duct. The variety of complications related to T-tube insertion includes biliary leak after removal, prolonged biliary fistula and late stricture. The premature distal dislodgement of a T-tube is a rare but serious complication and may lead to pancreatitis and/or cholangitis.

RESULTS

CONCLUSION

Pancreatitis and cholangitis are possible complications of a T-tube migration. Such migrations may have a significant morbidity and demand prompt diagnosis and removal. Migrated T-tube should not be pulled out percutaneously but removed endoscopically in order to avoid papillary lesions or any other complications. There is a paucity of reports in the literature regarding such migration into the duodenum. To our knowledge, no other similar case of pancreatitis and cholangitis due to migration of a biliary T-tube into the duodenum has been described.

LITERATURE


CASE REPORT

We report the case of a 74 years old woman with a history of sepsis secondary to cholangitis and gallbladder perforation. The patient was initially treated conservatively with an empiric antibiotic regimen and endoscopic biliary stenting. After improvement, the patient underwent open cholecystectomy with a common bile duct exploration and finally the placement of a T-tube. A T-tube cholangiogram on postoperative day 13 failed to show any bile leakage or residual common bile duct stones.

The patient was admitted one month after surgery with cholangitis and acute pancreatitis. A CT-scan and a T-tube cholangiogram revealed the dislocation of the T-tube into the duodenum with obstruction of the common bile duct (Fig 1). The patient underwent emergent endoscopic removal of the T-tube and an empiric antibiotic regimen.

The evolution after drain removal was uneventful with normalization of the hepatic and pancreatic parameters. The patient was discharged on day 3 after the intervention in good general condition and did not show any recurrence of biliary problems up to a 4 months follow-up.