Management of sigmoid colon perforation due to a migrated biliary plastic stent.

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BACKGROUND

Plastic biliary stents are often used to relieve biliary obstruction. However, these stents should be removed three to six months after their implantation. Rarely they can migrate into the intestinal tract and perforate the intestine particularly in cases of colonic diverticulosis, hernias or peritoneal adhesions. The aim of this case report is to describe an own case and to review the literature what concerns the management of stent migration with colonic perforation.

CASE REPORT

We report the case of a 79 year old female in whom a biliary stent was introduced for a choledochal stone and which was impossible to remove by a follow-up ERCP. One month later a cholecystectomy was performed by laparotomy after a failed laparoscopic trial. Two months after this intervention the patient presented with acute lower left abdominal quadrant pain. CT-scan demonstrated a foreign body in the sigmoid colon with pericolic inflammation but without pneumoperitoneum. The stent was then colonoscopically removed and an antibiotic treatment initiated. Next day the patient suffered from diffuse abdominal pain; an explorative laparoscopy revealed neither peritonitis nor stool leakage. A drain was left in the Douglas and along the distal colon. Postoperative recovery was then uneventful. Thus explorative laparoscopy permitted to rule out a postendoscopic peritonitis and pursue a conservative management.

DISCUSSION

Biliary endo-prostheses if not removed can migrate and produce colonic perforation. Simple endoscopic removal of the stent may be sufficient to treat this complication; however, in most cases laparotomy with colonic resection was mandatory. Our case suggests that in unclear cases explorative laparoscopy may avoid aggressive surgery.

REFERENCES