CLINICAL IMAGE

A gallstone impaction at the ampulla of Vater

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A 76-year-old man presented with epigastric pain. Elevated serum amylase levels (1053 U/l [reference range, 44–132 U/l]) and a computed tomography scan suggested acute pancreatitis. Conservative treatment improved his symptoms; however, he experienced right quadrant pain 2 days later. Biochemical tests showed elevated levels of total bilirubin (3.3 mg/dl [0.4–1.5 mg/dl]), aspartate aminotransferase (263 U/l [13–30 U/l]), alanine aminotransferase (137 U/l [10–42 U/l]), and γ-glutamyltransferase (551 U/l [13–64 U/l]). With a suspicion of biliary pancreatitis, endoscopic retrograde cholangiopancreatography was performed. The ampulla of Vater was enlarged and a gallstone was impacted, mimicking egg laying (FIGURE 1A). The stone, approximately 8 mm in diameter, was extracted easily by a catheter without papillotomy, and the bile and debris were discharged (FIGURE 1B). The further course was uneventful and the patient improved. He later underwent a cholecystectomy.

Gallstone impaction at the ampulla of Vater can cause cholangitis and pancreatitis, and stone removal is essential. Documentation of impacted stones has been extremely rare.[1] Depending on the size and site of the impacted stone and the bleeding tendency, endoscopic papillotomy can be indicated for the biliary drainage.[2,3]

REFERENCES

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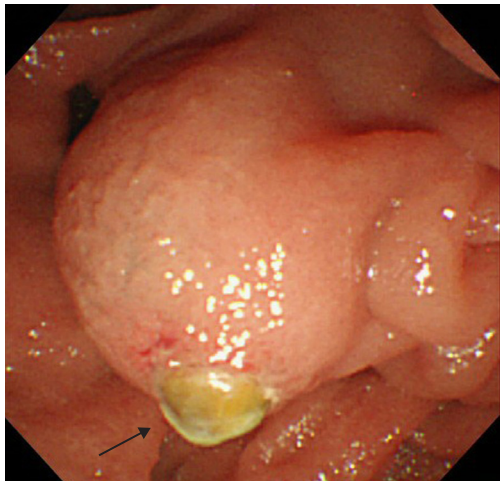

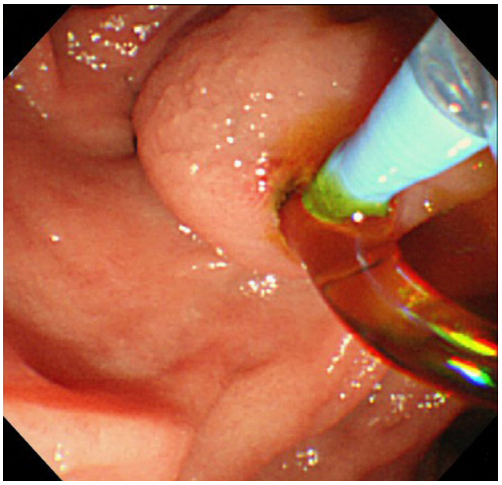

FIGURE 1 **A** – a gallstone (arrow) impaction at the ampulla of Vater; **B** – the bile and debris were discharged after the impacted stone was extracted.

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