

Pneumobilia

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Received: 27 Nov 2020

Accepted: 30 Nov 2020

Published: 12 Dec 2020

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Citation:

Fekaj E. Pneumobilia. Japanese Journal of Gastroenterology and Hepatology. 2020; V5(7): 1-2.

1. Clinical Image

A 71-year-old man presented to the emergency department with a seven-day history of intermittent fever, middle and right upper abdominal pain, and general malaise. The physical examination of the abdomen was normal. Ten years ago he underwent open cholecystectomy and stone removal from common bile duct by endoscopic retrograde cholangiopancreatography (ERCP).

At the admission leukocytes were $13.4 \times 10^3/\mu\text{L}$ (normal value: $4.0-10.0 \times 10^3/\mu\text{L}$), erythrocyte sedimentation was 66 mm/h (normal value: 0- 20 mm/h), C-reactive protein was 65.3 mg/L (normal value: > 6 mg/L). The others parameters were normal.

A plain radiograph of the abdomen showed presence of air in the biliary system (Figure 1 and 2): negative view of plain radiograph), and a magnetic resonance imaging showed an abscess in the left lobe of the liver (Figure 3) and presence of air in the biliary tree (Figure 4). Choledocho-duodenal fistula was shown by ERCP.

The presence of air in the biliary tree is common finding in patients after biliary surgery, endoscopic biliary procedure, or in a spontaneous biliary-enteric fistula. Biliary-enteric fistula may be accompanied by liver abscess.

Initially, the patient was treated with imipenem/cilastatin. Five days after admission liver abscess was treated by open surgery. From liver abscess was isolated *Enterobacter* spp. Choledocho-duodenal fistula was treated conservatively.

The patient was discharged on the tenth day after surgery. After a two- month regular clinic follow-up visits patient was in good condition.



Figure 1: A plain radiograph showing presence of air in the biliary system



Figure 2: Negative of plain radiograph; air in the biliary system

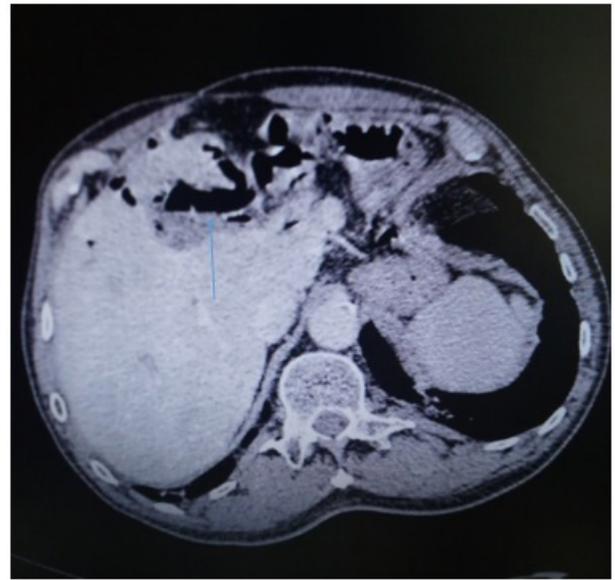


Figure 4: Air in the biliary tree showed by magnetic resonance imaging

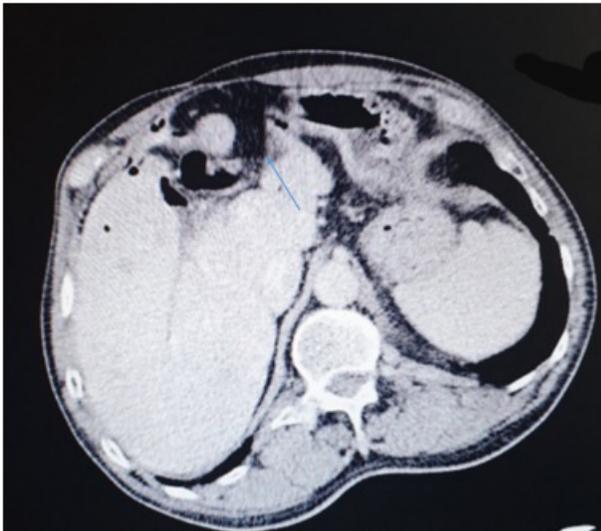


Figure 3: Abscess in the left lobe of the liver showed by resonance magnetic imaging