

IMAGE OF THE MONTH

Back pain after endoscopic retrograde cholangiopancreatography[☆]

Dorsalgia tras colangiopancreatografía retrógrada endoscópica

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Our patient was an 81-year-old woman, with a history of hiatal hernia and cholecystectomy, who underwent endoscopic retrograde cholangiopancreatography (ERCP) due to the finding of intra- and extrahepatic bile duct dilation, in whom sphincter of Oddi dysfunction was suspected. Due to technical difficulties in cannulating the papilla, a trans-septal incision was made, but it was still not possible in the end to cannulate the main bile duct. After the procedure, the patient developed severe pain in the middle and lower dorsal region, though abdominal examination detected no warning signs. Abdominal (Fig. 1) and thoracic (Fig. 2) X-rays showed extensive pneumoretroperitoneum, pneumoperitoneum, pneumomediastinum and subcutaneous thoracic and supraclavicular emphysema (arrows), subsequently confirmed by abdominal computed tomography (Fig. 3). The patient was discharged without incident after seven days of nothing by mouth, with parenteral nutrition and antibiotic therapy.

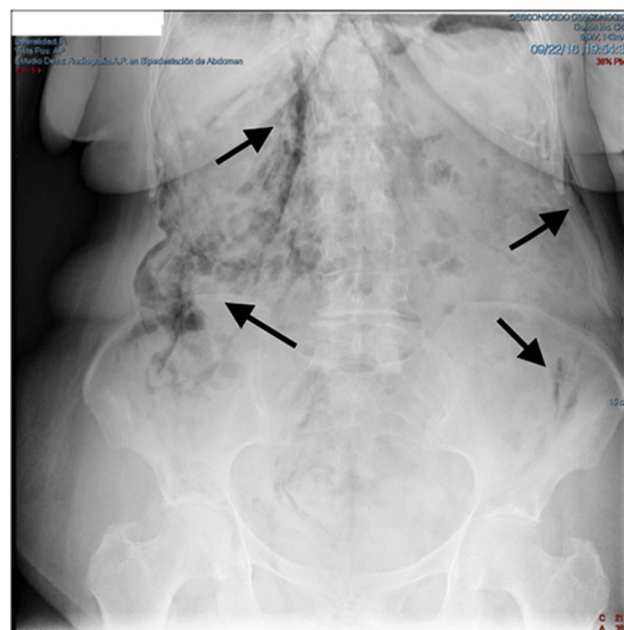


Figure 1

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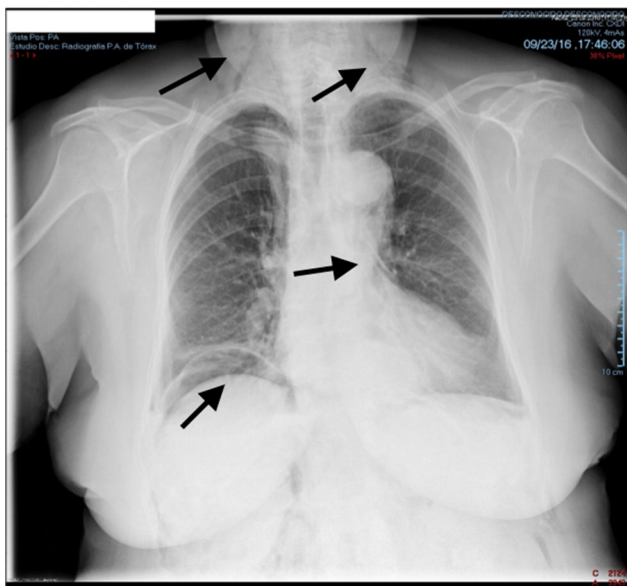


Figure 2

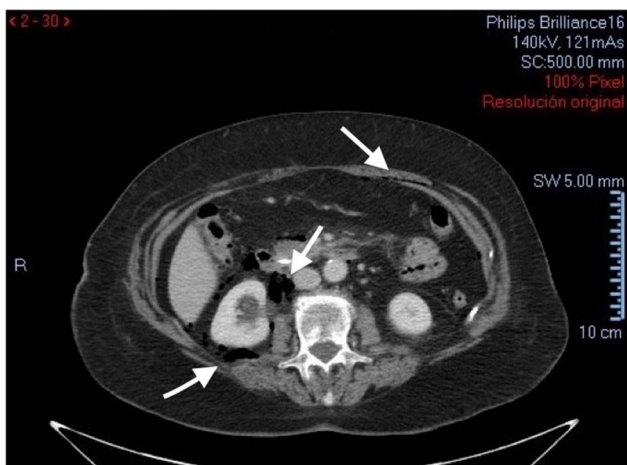


Figure 3

The most common complications of ERCP are pancreatitis and cholangitis, but there is also a large number of rare adverse events. These only account for 1% of the total, and include hepatic bleeding and retroperitoneal microperforations, the causes of the complications reported herein.