A 70-year-old woman was admitted for acute cholecystitis and choledocholithiasis with clinical deterioration after 12 h due to septic shock secondary to cholangitis. Urgent ERCP detected dilatation of the proximal bile duct secondary to compression by a 2 cm calculus lodged in the cystic duct (Fig. 1). Given the patient’s clinical situation, a double pigtail plastic stent was implanted to alleviate the biliary obstruction (Fig. 2), performing partial cholecystectomy and closure over the Kehr tube with extraction of the lithiasis 11 days later after the patient’s status had improved.

 Please cite this article as: Huergo Fernández A, Amor Martín P, Álvarez Posadilla M. Shock séptico secundario a síndrome de Mirizzi resuelto en 2 tiempos. Cir Esp. 2018;96:653.

* Corresponding author.
E-mail address: adrianhuergo1978@gmail.com (A. Huergo Fernández).