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. Depending on the size and site of the impacted stone and the bleeding tendency, endoscopic papillotomy can be indicated for the biliary drainage. 

REFERENCES