A CASE OF ISOLATED COMPLETE TRANSECTION OF COMMON BILE DUCT DUE TO BLUNT ABDOMINAL TRAUMA

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INTRODUCTION

A complete or partial rupture of CBD is uncommon and usually occurs in the supra pancreatic portion immediately proximal to the upper border of duodenum. The unfixed supra duodenal portion of CBD joins the relatively fixed retrodoudenal portion at this point and is therefore susceptible to shearing forces.

CASE REPORT

An eight years old boy who was involved in road side accident (RSA) was referred to us after a period of two weeks. At the time of admission he has massive distension of abdomen and jaundice. On examination the child was jaundiced and abdomen was full of fluid. His abdominal ultrasound revealed free fluid under the liver as well as in the pelvis. Abdominal tapping revealed bile stained ascites. On investigation his results revealed the following. Hb% 11.6gm%, Urea 16mg%, Bilirubin 4.0mg%, HbsAg was negative, Electrolytes Na+140, K+ 4.6 and Serum creatinine 0.3mg.

At laparotomy massive biliary ascites was observed and drained. Biliary staining of the abdominal contents was noticed. Duodenum was thoroughly examined and no perforation was found. Spleen was intact. No laceration in liver was noted. With care and pains taking efforts complete transections of the CBD just above the upper border of duodenum was found. The structure was confirmed by cannulating its width with metallic urethral catheter.

Choledochodoudenostomy and a proximal decompressing choledochostomy was performed by inserting a butterfly tube which was later on used for cholangiography.

A drain was put in the sub hepatic region which was removed on 7th day when there was no drainage. Post operatively the child had an uneventful recovery. On 10th post op day cholangiography revealed normal free flow of dye in the duodenum (Fig. 1). The tube was clamped for 24 hours and then removed and patient was sent home on 12th day.

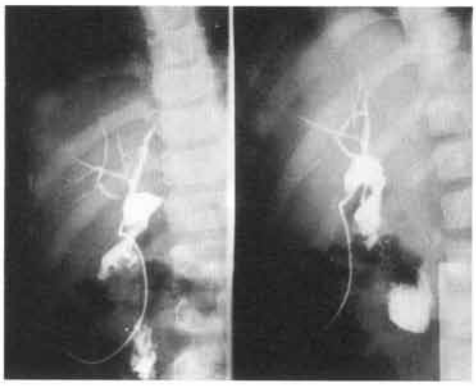

Fig. 1

DISCUSSION

Unless associated major intra abdominal injuries necessitate laparotomy; bile ducts injuries are not suspected till the patient becomes jaundiced.[1,5] Children with suspected biliary injury can present days or weeks after the injury with abdominal distension, low grade fever, biliary ascites and jaundice.[2,4] Delayed diagnosis is common in these cases but when a child has the above clinical features with history of blunt trauma then one must consider injury to biliary ducts. What is important is the awareness of the condition and necessary diagnostic confirmation by CT scan and abdominal paracentesis to expedite the treatment.[3] The choice of surgical repair must be individualized according to the findings and the nature of injury. In this case a choledochodoudenostomy was done with very good uneventful post of recovery.

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