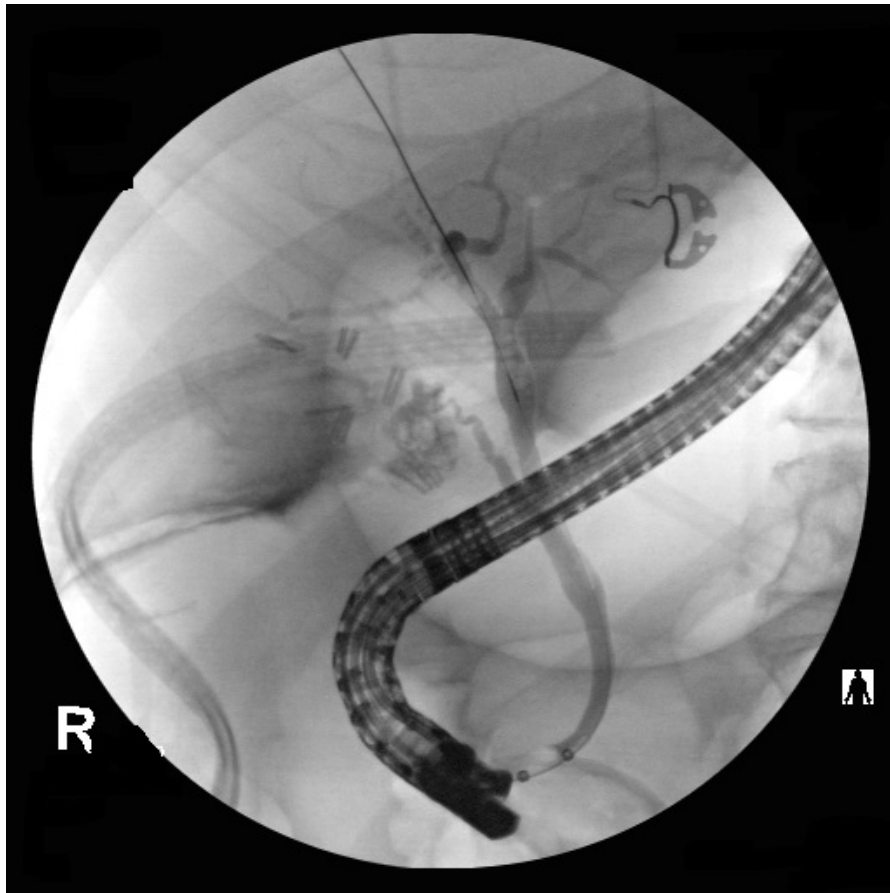


**Question 13 – October 24**

A 55 year old male with symptomatic gallstone disease underwent cholecystectomy and was found to have gangrenous calculous cholecystitis. Patient was discharged after an uneventful recovery but returned back with recurrent RUQ abdominal pain and elevated liver enzymes. ERCP was done with the findings below.



What is the next best step in the management of this patient?

- A. Exploratory lap for surgical repair.
- B. Endoscopic ultrasound
- C. Biliary Sphincterotomy and stenting.
- D. EUS-guided cystduodenostomy and drainage.

**Answer: C**

Endoscopic therapy is successful in approximately 90 percent of patients with a postcholecystectomy biliary leak when success is defined as resolution without the need for further surgery. The goal of endoscopic therapy in patients with a postcholecystectomy biliary

leak is to eliminate the transpapillary pressure gradient, thereby permitting preferential transpapillary bile flow rather than extravasation at the site of the leak.

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