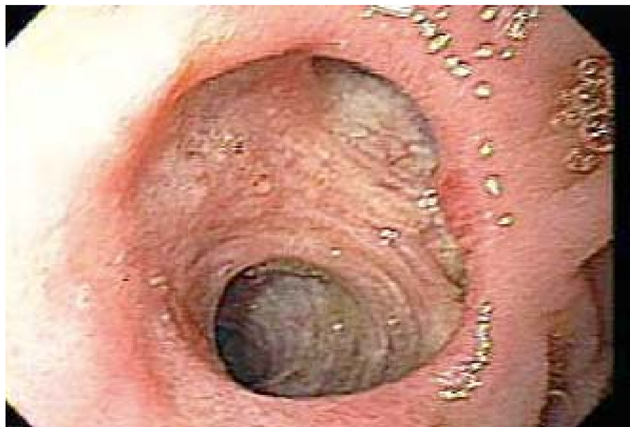
Question 36 – Week of March 7

A 75 year old female with a history of cholecystectomy and 'biliary surgery' thirty years prior, comes with recurrent RUQ pain, fever and elevated liver function tests. ERCP revealed an ampulla as well as opening noted in picture below.

Which of the following is false about this entity?



A. This is a result of previous end to side choledocho-duodenostomy
B. This is also called sump syndrome
C. Sphincterotomy and biliary drainage is usually therapeutic
D. CBD exploration with T-tube placement is the best therapeutic option

Answer: B

The "sump syndrome" is rarely seen in the present time. This syndrome is a complication of an end to side choledochoenterostomy and results from the accumulation of debris, which enters into the CBD from the duodenum. Often, the debris cannot escape distally through the intact ampulla of Vater and starts accumulating within the distal, nonfunctioning CBD, resulting in the creation of a "sump". The debris induces the formation of sludge and stones, which can occlude the entire CBD. Clinically, patients present with recurrent attacks of abdominal pain or cholangitis. The sump syndrome can be treated surgically by creating a Roux-en-Y hepaticojejunostomy and by endoscopy by performing a biliary sphincterotomy and extracting the debris from the CBD.