

# Case Report on Cholelithiasis with ERCP with thrombosis of the portal vein, splenic vein, superior mesenteric vein with systemic

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## Abstract

**Background:** Cholelithiasis, one of the most common medical conditions leading to surgical intervention, affects approximately 10 % of the adult population in the United States. Cholelithiasis develops in about 10%-20% of patients with gallbladder stones and the literature suggests that at least 3%-10% of patients undergoing cholecystectomy will have common bile duct (CBD) stones. **Case Presentation:** A 48-year female was admitted to the tertiary care hospital Wardha in the female medicine ward, with the primary complaint of abdominal pain, back pain, nausea, vomiting, fever, bloating in the abdomen, constipation. No medical history such as diabetes mellitus, No significant history. Physical examination and systemic examination were done. The patient's general appearance is not good, she was undernourished, the patient is not active and very dull nature, not maintained hygiene and personal grooming Conservative. Haemoglobin 10 gm%, WBC Count 5000 cells /mm<sup>3</sup>, RBC Count 20000- 40000 IgM and IgG cells /mL test both positive, platelets count 12000 cells / mm<sup>3</sup>, endoscopic retrograde cholangiopancreatography for confirming the diagnosis Cholelithiasis with ERCP with thrombosis of the portal vein, splenic vein, superior mesenteric vein with systemic. Computed tomography and Magnetic resonance imaging, urine culture, and complete blood count were done and which were abnormal. The patient was transfused to the surgery ward for surgical management. Patient managed with the surgery of laparoscopic cholecystectomy surgery help to remove gallstones and also managed with medical management given to patient antibiotics, analgesics, antacids, and other supportive measures. **Conclusion** Due to conservative management and quality of nursing care, the patient's condition was stable and had no active complaints at present hence the patient is being discharged.

**Keywords:** Gallstones, Cholelithiasis, Endoscopy, Biliary, cystic duct, CPRE.

## INTRODUCTION

Gallstones in the common bile duct, must be represented by at least one is known as Cholelithiasis. <sup>1</sup> Gallstones can cause Cholelithiasis which is when the common bile duct becomes blocked and bile cannot flow freely from the liver to the intestine. <sup>2</sup> If someone has colicky pain in the right upper abdominal quadrant, cholelithiasis is likely to be the cause. <sup>3</sup> due to sporadic episodes of jaundice brought on by the blood's bilirubin accumulation. cholelithiasis is a fat deposits-related disorder that is estimated to be 1,000,000 People. <sup>4</sup> Retrograde cholangiopancreatography is a technique for diagnosing and treating specific issues with the biliary or pancreatic ductal systems that involve the use of endoscopy and fluoroscopy. ERCP Complication is pancreatitis (inflammation of the pancreas). Thrombosis of the portal vein is a narrowing or blockage of the portal vein by a blood clot. <sup>5</sup> an extremely dangerous condition is portal vein thrombosis. Abdominal pain can occasionally be caused by portal vein thrombosis.<sup>6</sup> At the transpyloric plane, which is towards the bottom edge of the L1 vertebra, the superior mesenteric vein comes to an end. After cholecystectomy, cholelithiasis is common and frequently linked to surgical clip migration and subsequent development One of the procedures that are most frequently carried out in the US is a cholecystectomy. The case report for this incident was prepared in compliance with the scary criteria, and it was addressed at an academic institution. Studies Have shown a strong correlation between a genesis of the gallbladder and condition of the heart, genitourinary system, and central nervous system in up to 15 to30 percent of cases, including pulmonary genesis, tetralogy of fallout, and anomalies of the limbs and genito-urinary tract. who divides patients with gallbladder genesis into three groups.

An upper endoscopy is inserted into a second section of the duodenum during endoscopic retrograde cholangiopancreatography (ERCP), a combined endoscopy and fluoroscopy operation allowing other equipment to travel through the main duodenal papillary and into the biliary and pancreatic ducts. This duct can be given a contrast injection to provide radiologic and therapeutic intervention as needed. Through cancelation of pancreatitis and biliary. Duct, ERCP was first performed as a diagnostic operation, but it has since developed into primary a therapeutic tool. <sup>7</sup> It is suggested that difficult biliary cannulation be characterized as requiring at least two pancreatic guidelines passes and cannulation efforts lasting longer than five minutes or more than five. with cholangiopancreatography the ducts can be directly seen. Emery initially reported this ailment in 1701, However, some sources consider Bergmann's 1702 description as the first. This case and literature evaluation are pertinent since the literature cites a total of 400 case series. Portal vein thrombosis (PVT) is the medical term for thrombus-induced partial or complete obstruction of the portal vein or any of its tributaries. L Resulting Small bowel or multi-visceral responses may be required in cases of thrombosis of the mesenteric venous arch and small intestine ischemia, which have a mortality risk of up to 50%. o In adults with the 10-year survival rate for adults with portal vein thrombosis has improved. Reportedly ranges from 38 to 60%. The majority of deaths happen as a result of the primary illness (cirrhosis malignancy). The gallbladder, spleen, pancreas, stomach, and small and large intestines all drain into the portal vein. Anatomical, the tributary portal venous system is close by. A rare disorder known as splenic vein thrombosis (plural: thrombosis) causes the splenic vein to clot.

**Patient Information:** A 48 yr female was admitted to the tertiary care hospital Wardha in the female medicine ward, with the primary complaint of abdominal pain, back pain, nausea, vomiting, fever, bloating in the abdomen, constipation, etc. No history of haematemesis, no history of trauma, no prior hospitalization. There was no associated illness were present like diabetes mellitus, tuberculosis, or a thyroid disorder. No, significant history.

#### Primary Concern and Symptoms of Patient:

A 48 yr female was admitted to the tertiary care hospital Wardha in the female medicine ward, with the primary complaint of abdominal pain, back pain, nausea, vomiting, fever, bloating in the abdomen, constipation, etc. She had shifted to the surgery ward. She was managed with surgical management and also medical management antibiotics, analgesic, antacids, and other supportive measure, hence the patient is being discharged.

#### Medical, Family, and psychosocial history:

There is no history of comorbidities inpatient family. The patient belongs to a middle-class family. She is living with her husband and daughter and son. Patients maintain good interpersonal relationships with family members, patients, and neighbours. The patient does not have bad habits like smoking, tobacco chewing, or alcoholism.

**Relevant past intervention with the outcome:** For the above-mentioned complaint patient was admitted to a private hospital. That's why the patient was referred to tertiary care hospital Wardha.

#### Clinical Findings

Physical examination was done and the patient is fully conscious, the patient's general appearance is not good, she was undernourished, the patient is not active, very dull, and does not maintain hygiene and personal grooming. Although the patient's mental status is normal, they are oriented to time, location, person, and attainable goals the hospitalization and diagnostic procedure cause minor behaviour alterations. Height is 157 cm and weight is 49 kg, temperatures are 98 ° F, a pulse is 100 b/m and the blood pressure is 110/70 mmHg, Respiration is 22breath / minute and the sugar level is 180 mg /dl, Haemoglobin is 10 gm%, WBC Count 5000 cells /mm<sup>3</sup>, RBC Count 20000- 40000 IgM and IgG cells /mcl test both positive, platelets count 12000 cells / mm<sup>3</sup>, monocytes 04, granulocytes 85, Lymphocytes 10, and other systemic examination no abnormalities. S1 and S2 sounds are detected, and there is no pleural effusion. Cholelithiasis with ERCP with thrombosis of the portal vein, splenic vein, and superior mesenteric vein with systemic was repaired using a laparoscopic cholecystectomy is performed.

#### Diagnostic assessment:

All the routine investigations are done. Haemoglobin 10 gm%, WBC Count 5000 cells /mm<sup>3</sup>, RBC Count 20000- 40000 IgM and IgG cells /mcl test both positive, platelets count 12000 cells / mm<sup>3</sup>, endoscopic retrograde cholangiopancreatography for confirming the diagnosis Choleodolithiasis with ERCP with thrombosis of the portal vein, splenic vein, superior mesenteric vein with systemic. Computed tomography and Magnetic resonance imaging, urine culture, and complete blood count were done, and which was abnormal.

Therapeutic Interventions: Checking the vital signs is a general measure (Temperatures, pulse, respiration blood pressure, and sugar level are all factors to be considered) airways, fluid and electrolytes balance, and problem avoidance.

Medical Management: The patient took medical management with fever giving Antipyretic Tablet 650 mg, Capsule of Felicit OD for dietary supplements, Tablet pantoprazole 40 mg, Antiemetic Inj Emset 4mg 8 hourly, Tab. Thyroxine 75 mg IV, BD. Tab.Telmisartan 40 mg orally 10 mg drops. Biliary drainage with Biliary stenting was performed as well. She assimilated all treatments and the outcome was good. His symptoms and Sign were reduced. she was able to do his activities. No changes in therapeutic interventions.

## Discussion:

Cholelithiasis is a fat deposits-related disorder that is estimated to be among 1,000,000 People. Retrograde cholangiopancreatography is a technique for diagnosing and treating specific issues with the biliary or pancreatic ductal systems that involve the use of endoscopy and fluoroscopy. <sup>8</sup> Gallstones can cause cholelithiasis which is when the common bile duct becomes blocked and bile cannot flow freely from the liver to the intestine. If someone has colicky pain in the right upper abdominal quadrant, cholelithiasis is likely to be the cause. due to sporadic episodes of jaundice brought on by the blood's bilirubin accumulation. Portal vein thrombosis (PVT) is the medical term for thrombus-induced partial or complete obstruction of the portal vein or any of its tributaries. In 1979, there were the first reports of this kind of late postoperative complication, which were connected to a surgical clip. It should be mentioned that cholelithiasis was diagnosed before 1950 when oral cholecystography revealed that the gallbladder was excluded (it was not seen on radiological imaging). Ultrasound tests were not then available. Right upper quadrant pain was the patient's initial complaint (RUQ). The common bile duct was shown to be dilated by subsequent abdominal-pelvic CT imaging. Cholelithiasis was reduced by further endoscopy retrograde cholangiopancreatography.<sup>9-23</sup> Long remnants of a cystic duct and surgical clip were also discovered in the RUQ. Numerous reports have linked late post-cholecystectomy to surgical clip migration. <sup>10</sup> Since ultra-sound has a performance close to 80 or 90 percent today, it is, fortunately, possible for surgeons to arrange procedures in an ideal way. Agene-sis of the gallbladder, however, cannot be ignored in a case like the one that is being discussed here. In which a cerebroatrophic vesicle chronic cholelithiasis 24-35.

Prognosis Cholelithiasis is often a slow-growing gallstone the consistency, size, and location determine the outcome. Early detection and treatment are critical because delayed treatment deals with poor outcomes. To distinguish between typical post-surgical alterations recurrence and post-operative imaging should be carefully examined.

## Conclusion

A 48 yr female was admitted to the tertiary care hospital Wardha in the female medicine ward, with the primary complaint of abdominal pain, back pain, nausea, vomiting, fever, bloating in the abdomen, constipation, etc. After undergoing investigations, she was diagnosed with cholelithiasis with ERCP with thrombosis of the portal vein, splenic vein, and superior mesenteric vein with systemic based on clinical diagnoses and act as a therapy guideline.

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