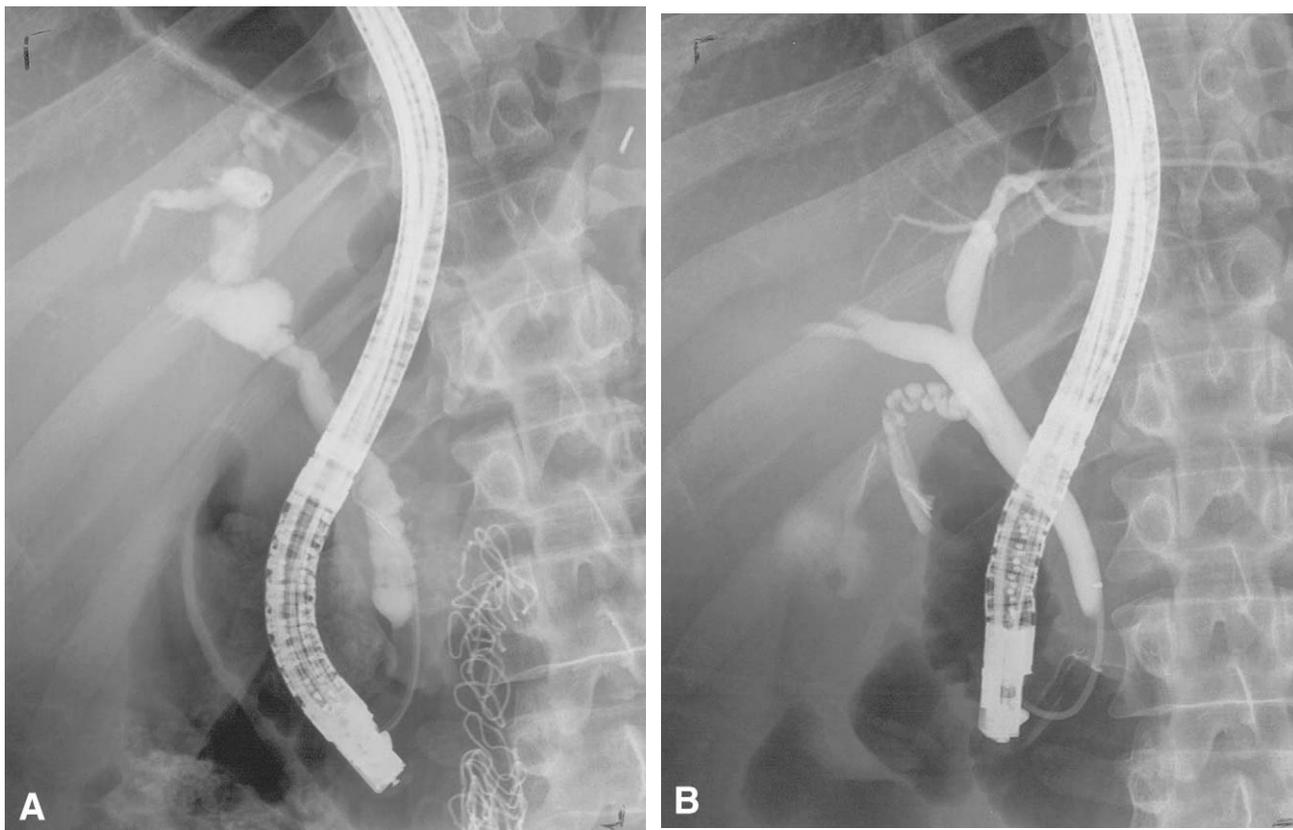


## Cholangiographic features of suppurative cholangitis



A 32-year-old man developed right upper quadrant (RUQ) pain, fever, and jaundice 10 days after laparotomy and resection of a 3-cm jejunal GI stromal tumor (GIST). Abdominal US revealed a dilated common bile duct (CBD), with biliary sludge as the likely cause for cholangitis. ERCP showed a dilated CBD with irregular ridging or serration of the CBD wall (**A**). After sphincterotomy, purulent bile and thick sludge were cleared. A 10F plastic stent was placed to ensure continued adequate drainage. Follow-up ERCP at 6 weeks showed complete resolution of the previous cholangiographic abnormalities (**B**).

A 65-year-old man with fever, jaundice, and RUQ pain, unresponsive to parenteral antibiotics, underwent an emergency ERCP. Cholangiography revealed dilatation and irregular ridging or serration of the CBD wall (**C**). After sphincterotomy, purulent bile as well as small CBD calculi were cleared from the duct. A double-pigtail 7F stent was inserted for biliary drainage. Repeat ERCP after 6 weeks

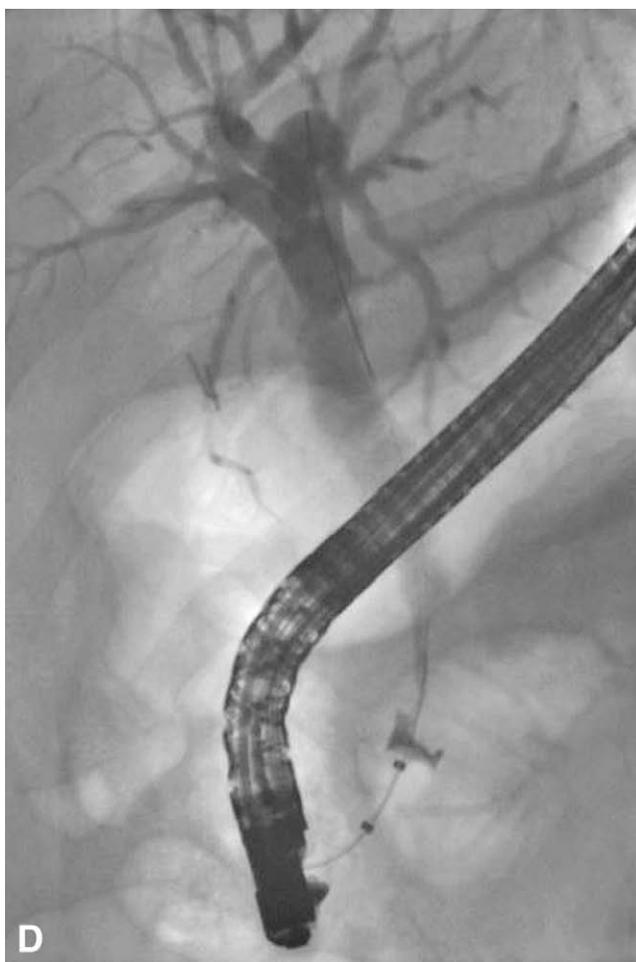
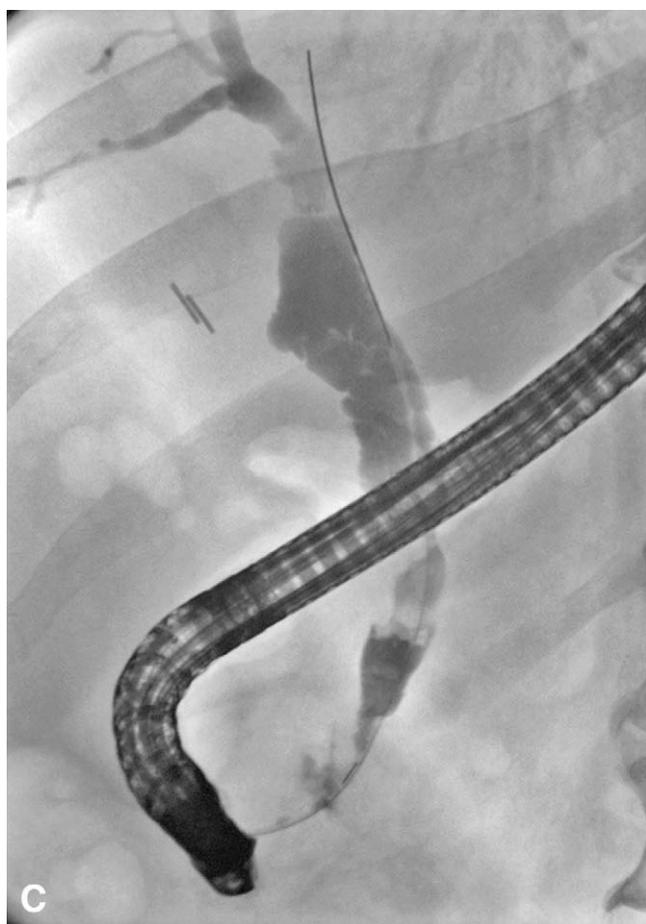
revealed resolution of the documented bile-duct-wall abnormality; however, a previously unapparent distal CBD stricture was found, and, subsequently, the diagnosis of cholangiocarcinoma was made (**D**).

### DISCLOSURE

*All authors disclosed no financial relationships relevant to this publication.*

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doi:10.1016/j.gie.2008.09.001



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### Commentary

Jean-Martin Charcot described 2 triads that bear his name, the second of which comprises RUQ abdominal pain, fever, and jaundice. It suggests cholangitis to the gastroenterologist; however, it is only seen in about 25% of cases. Subsequently, Reynolds and Dargan added hypotension and altered mental status to constitute what is now known as Reynolds' Pentad; some consider thrombocytopenia as forming an unattributed "sextad." Neurologists are more familiar with the first of Charcot's triads, ie, nystagmus, intention tremor, and scanning speech, which he noted in multiple sclerosis, a disease he described and named. The cholangiographic features of ascending cholangitis are well known to ERCP-ologists, and it is nicely shown here that with treatment of the infection they can resolve. As for the cholangiocarcinoma, it was often taught that cholangitis is rare with malignant obstruction of the CBD—that is until the duct is contaminated by instrumentation. Well, diseases neither read textbooks nor listen in on teaching rounds, so remember cholangitis as the true emergency it is, and be sure to exclude an underlying neoplasm in all cases, as "rare" a cause of cholangitis as it may be.

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