# Choledocholithiasis

A 79-year-old man with a previous cholecystectomy re-presented with right upper quadrant pain. His liver function tests showed a cholestatic picture. Ultrasound showed dilated intrahepatic ducts and a dilated common bile duct. No gallstones were identified.

Magnetic resonance cholangiopancreatography demonstrated a 1 cm filling defect in the distal common bile duct in addition to the dilated intra- and extrahepatic ducts (*Figure 1*). A gallstone was extracted from the common bile duct following sphincterotomy at endoscopic retrograde cholangiopancreatography.

The distal common bile duct is a notorious 'blind spot' for ultrasound, because of overlying bowel gas, whereas magnetic resonance cholangiopancreatography is both sensitive and specific for the presence of gallstones in this location. Heavily T2-weighted sequences are used, with fluid, including bile, providing a white background upon which gallstones appear as filling defects. BJHM

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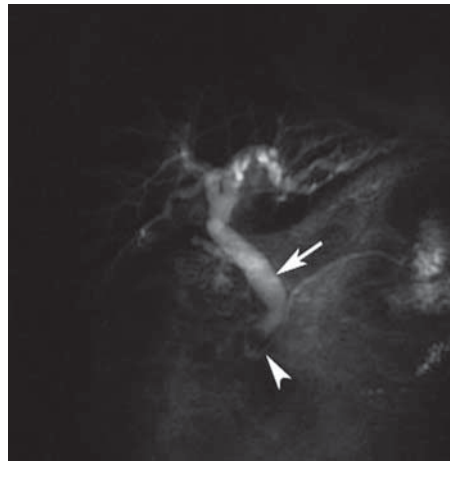

***Figure 1. Thick slab T2-weighted magnetic resonance cholangiopancreatography. Arrow indicates dilated common bile duct. Arrowhead indicates filling defect, confirmed to be gallstone at endoscopic retrograde cholangiopancreatography.***