ERCP in Patient with Situs Inversus Totalis

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Introduction: Situs inversus (SI) is a congenital anomaly resulting in transposition of thoracic and abdominal organs. This case details a patient found to have situs inversus totalis (SIT) while being evaluated for abdominal pain and ultimately requiring ERCP for choledocholithiasis.

Case Description/Methods: An 89-year-old male presented with a history of epigastric abdominal pain for one month associated with nausea and non-bloody, non-bilious vomiting. The patient was found to have elevated lipase and a CT abdomen showed an obstructing stone at the ampulla accompanied by inflammatory changes consistent with pancreatitis and situs inversus totalis. ERCP was indicated for choledocholithiasis and was subsequently performed. The side-viewing duodenoscope was advanced into the stomach, and a slight clockwise rotation of the scope was needed to advance towards the antrum, subsequently the scope was advanced in the long position into the first and second part of the duodenum and maintained in the long position. The major papilla was visualized in the upper right quadrant of the screen and noted to be bulging, and deep biliary cannulation was difficult due to anatomical variation and bulging papilla. A pancreatic duct stent was placed first to aid in biliary cannulation and subsequently biliary cannulation was achieved with biliary sphincterotomy and balloon sweep performed.

Discussion: SI is found in approximately 1 in 10,000 which can obscure the diagnosis of abdominal pathology. In our case SIT was noted on CT along with the culprit stone. In such patients careful planning to minimize adverse events and maximize success is essential.

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