REPORT OF A CASE OF CHOLEDOCHOCYSTOTOMY.

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The case which is herewith reported shows well the condition caused by the peculiar ball-valve action of a calculus in the ducts, which Fenger called attention to in his recent article on gall-stones (a). “It causes intermittent attacks of retention of bile and icterus when the stone is lodged immediately above the duodenal opening of the common duct; (b) it causes atrophy and shrinkage of the gall-bladder when the stone is lodged in or immediately below the cyst duct.”

The vertical incision was made in place of the transverse, as the former gives more room, which is of the greatest import when one has in view a choledochotomy, especially with suturing of the walls of the duct.

Mrs. D. E. F., aged forty-two years, mother of thirteen children, the two last died at about two months. Last child born March, 1897. Complained first, fourteen years ago, of cramps in the bowels and pain in region of umbilicus. Had one or two attacks a year ago, at first preceded with constipation and followed with jaundice. Attacks have gradually increased in frequency and severity.

First saw her in February, 1895, when she was suffering from a severe attack of biliary colic, accompanied with slight jaundice. The symptoms disappeared under treatment. There was no swelling appreciable in the region of the gall-bladder, although she was tender over the whole abdomen. She was then in about the seventh month of gestation. In April, 1897, she had one or two spells of colic for a week, each one followed by a chill and some fever. On June 14 she took to her bed, and would have one hard and one or two slight attacks a week. On
June 24 found her greatly jaundiced and a swelling in region of gall-bladder, bowels constipated, and abdomen tender, especially in right hypogastric region; urine dark; inability to lie on left side; some fever. Pain so severe that opiates were necessary. She remained in about the same condition till July 16, gradually losing strength, when she again began to improve,—jaundice lessened, tenderness decreased, but swelling remained about the same. August 12 had a severe colic, followed by chill and fever, temperature 105° F., abdomen tympanitic and exceedingly tender, more so over region of swelling; jaundice rapidly increased, and she required large doses of morphine to allay the pain. This condition lasted one week, when her symptoms began to lessen; but her general condition was worse, more emaciated, and weaker. The swelling somewhat less. August 26 she became delirious, and remained so more or less till September 6, the date of operation. Since then she has been very delirious, except a slight improvement September 8, when the temperature first became normal. She would take no nourishment, refused all liquids, and was getting over a grain of morphine daily hypodermically. Jaundice decreased right after the operation. She was fed through a tube till September 27. Stitches removed in one week and wound healed, except one point, through which a thread came away four weeks after the operation, when the track healed, and has remained so. Her temperature was 103° F. at time of operation, and kept between 103° and 99° for ten days; for two days it was between 96° and 97.5°. Her pulse ranged between 90 and 130 and at times quite weak. (Reported by Dr. S. L. Mitchell.)

September 6.—Found patient very much emaciated, semi-delirious; temperature 103° F.; pulse weak, quick, and intermittent; considerable jaundice; abdomen flat and no tenderness, except in the region of the gall-bladder; liver not enlarged, nor could any enlargement be detected in the region of the bladder. Urine contained bile, but no albumen or casts. Incision was made from the tenth rib downward for about four inches. On getting into the cavity found some adhesions about the bladder. The bladder was contracted, walls somewhat thickened, and it was completely filled with calculi, which were also found in the cystic and common duct. Incision was made through the bladder near the duct and extending into it, and nine stones removed,
seven from the bladder and one from the cystic, and one from the common duct. These latter were removed by placing one finger through the foramen of Winslow and pressing the calculus towards the bladder, at the same time care being taken that the one in the common duct did not enter the hepatic duct. After removal of calculi the common duct was probed, when, finding the duodenal opening free, the edges of the wound in the bladder and duct were sewed, first with a continuous suture and then with the Lembert sutures. Then the parietal incision was closed,—first the peritoneum, then muscles, then integument. The stitch that came away was one in the muscles, as silk was used in all sewing except in the integument, where silkworm gut was the suture.

The average size of the stones was thirty-one grains; they were irregular in shape, showing facets where one pressed against the other, except the two in the ducts. The contracted bladder and calculi found in the ducts complicated matters and made the operation more tedious. The gland that Fenger alludes to as being found just above the common duct was distinctly felt, and gave one the idea, as he claims, of another calculus existing.

There are a number of interesting points in the case; first, the number and frequency of the attacks and the long period over which they existed; the delirium which was so persistent, and which at first I was at a loss to account for, whether it was due to her low condition, the anæmia of the brain, or whether some obstruction still existed, a calculus from hepatic duct not being found; but her jaundice having cleared up precluded this; or whether, owing to the repeated attacks, the cell-structure of the ducts were so altered that an auto-infection occurred, or that it was due to cholesteræmia or cholæmia. But the real cause was undoubtedly her opium habit, which had been acquired from opiates taken during her frequent attacks.