

An unusual complication of endoscopic retrograde cholangio-pancreatography (ERCP)

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A 55-year-old female heavy smoker was admitted electively for therapeutic endoscopic retrograde cholangio-pancreatography (ERCP). Two weeks previously she had presented with right upper quadrant discomfort and cholestatic liver function tests. Magnetic resonance cholangio-pancreatography (MRCP) revealed a dilated common bile duct with intra-ductal filling defects.

Post-ERCP the patient was notably short of breath, complained of a left-sided pleuritic chest pain, and her oxygen saturation had fallen from 98% to 90% while breathing ambient air.

A chest radiograph ([fig 1](#)) revealed loss of lung volume on the left side with a straight heart border and obscuration of the left hemi-diaphragm—consistent with left lower lobe collapse. Computed tomography of the chest with intravenous contrast material ([fig 2](#)) revealed complete left lower lobe collapse with an radiopaque object within the left lower main bronchus surrounded by a halo of air.

To our surprise bronchoscopy retrieved a 750 mg ciprofloxacin tablet given as a prophylactic antibiotic 1 h before the procedure. On re-questioning the patient remembered choking on the tablet, as she had found it difficult to swallow the large tablet with only a sip of water and a dry mouth (having been “nil-by-mouth” since midnight).

Just as it seems that, with preoperative/procedure fasting, longer is not necessarily better, perhaps we should increase the amount of water given with medications from the traditional sips to up to the 150 ml 1 h before anaesthesia, as allowed by recent guidelines.¹ Nevertheless, a review of the literature did not reveal a prior documented case in the context of an ERCP.

Footnotes

Competing interests: none.

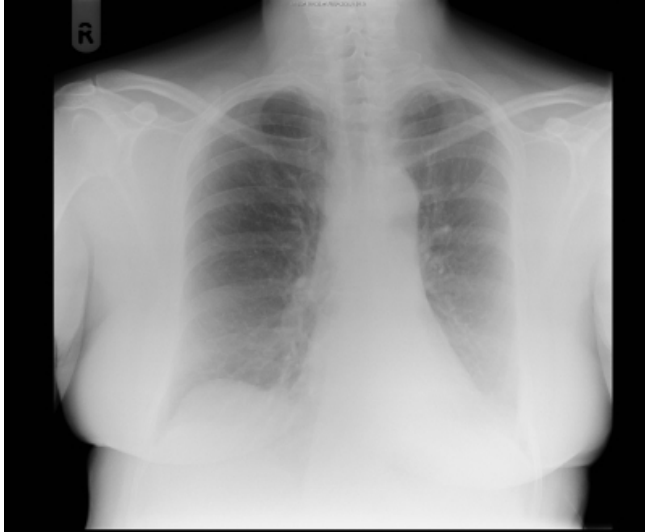
Patient consent: Patient/guardian consent was obtained for publication

REFERENCES

1. Søreide E, Eriksson LI, Hirlekar G, et al. Task force on Scandinavian pre-operative fasting guidelines, Clinical Practice Committee Scandinavian Society of Anaesthesiology and Intensive Care Medicine. *Acta Anaesthesiol Scand* 2005; 49: 1041–7. [PubMed: 16095440]

Figures and Tables

Figure 1



Chest radiograph.

Figure 2



Chest computed tomography scan.

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