

**SUMP SYNDROME, A RARE AND FORGOTTEN COMPLICATION OF  
CHOLEDOCHODUODENOSTOMY IN AN ADULT FILIPINO: A CASE REPORT**

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SIGNIFICANCE	Sump syndrome is a rare complication of choledochoduodenostomy(CDD) where accumulated debris is seen at the distal bile duct reservoir. We report a 52 year old female who was diagnosed to have Sump syndrome
CLINICAL PRESENTATION	A 52 year old female was referred because of 8 month history of intermittent abdominal pain, fatigue and jaundice. On physical examination, she had icteric sclera, jaundice with a linear horizontal surgical scar at the RUQ. Patient claims to underwent cholecystectomy in the 1980s.
MANAGEMENT	
Laboratory work up/ Imaging	CT scan showed the left liver and caudate lobes are contracted. The liver lobe is also slightly contracted with bulging to slightly wavy outline. The left lobe and caudate lobe intrahepatic ducts and CBD are small. The right intrahepatic ducts are dilated to a maximum caliber of 1.0cm
Diagnosis	Using a gastroscope, ERCP was done which revealed a choledoduodenostomy at the D1-D2 Junction which was cannulated. Cholangiogram showed a dilated CBD (measuring 2.8cm) with multiple filling defects at the distally. There were two round filling defects (6mm each) at the intrahepatic ducts (measuring 8 mm) with hilar stricture.
Treatment	Patient underwent plastic stent insertion using a 7 French 7 cm plastic stent with egress of bile. Patient tolerated the procedure and was discharged stable.
RECOMMENDATION	Sphincterotomy and clearance bile clearance is recommended for treatment of Sump syndrome. However in this case, there was hilar stricture formation which might have contributed to the biliary obstruction. A use of a forward viewing gastroscope to cannulate the hilum is possible for insertion of biliary stents to alleviate patients symptoms.
KEY WORDS	Case Report; Sump syndrome; choledochoduodenostomy