A 93-year-old female was admitted with the history of rectal bleeding. She had colonic diverticulosis. She looked icteric but her abdomen was benign. Her rectal bleeding stopped spontaneously.

Admission Lab: total bilirubin 8.4 mg/dL, direct bilirubin 4.7 mg/dL, AST 103 U/L, Alkaline phosphatase 901 U/L. Barium Enema (Figure 1) which showed a fistulous tract between proximal transverse colon and common bile duct (CBD). CT of abdomen (Figure 2) showed air in the biliary tree. Percutaneous Transhepatic Cholangiogram (Figure 3) revealed dilated CBD with debris and a communication between CBD and transverse colon.

Biliary enteric fistulas are associated with biliary tract surgery, gallstone disease, penetrating peptic ulcer disease, internal malignancy, infection, insertion of self-expandable metallic biliary stent, and trauma. Symptoms and signs of biliary enteric fistula are nonspecific. Patients may present with complications which include cholangitis, malabsorption, and rarely bleeding. Biliary enteric fistulas associated with gallstones may cause intestinal obstruction. Diagnostic tests include X-ray, barium, studies, ultrasonography,
CT, ERCP and PTC. Pneumobilia on X-ray or CT and reflux of barium into the biliary tree during the barium studies are suggestive of biliary enteric fistula. Treatment is mainly surgical including cholecystectomy, excision of fistula and CBD repair.

A GUIDE FOR PATIENTS

The more that a patient knows about his or her problem, the easier it is for the patient to cooperate with you and the more effective can be the prescribed treatment. Each “Guide” is on a different subject among the digestive diseases. You may cut out the “Guide” and photocopy as many reprints as you wish for distribution to your patients. You may want to include your name and address. The information in “A Guide for Patients” has been prepared by the National Digestive Diseases Information Clearing House, a service of the National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, U.S. Public Health Service. The material it contains has been carefully reviewed by NDDIC for scientific accuracy and content.

This month’s “A Guide for Patients” appear on pages 69–70 and 93–94.