A 35-year-old woman presented in the Emergency Department with typical biliary pain and dark urine. Jaundice was noticed in the physical exam. There was no fever and blood pressure was normal. Laboratory tests showed AST 350 U/l, ALT 480 U/L, GGT 180 U/L, alkaline phosphatase 320 U/L, and total bilirubine 10 mg/dl. As part of the diagnostic workup an abdominal radiograph was done in the Emergency Department (Fig. 1). A large number of round gallstones
with a radiopaque peripheral rim were observed in the usual gallbladder site. Another stone was also seen in a plain abdominal radiograph. It was placed a bit far from the gallbladder area, probably located in the distal common bile duct. The next day an endoscopic retrograde cholangiopancreatography (ERCP) procedure was performed. Two choledocholithiasis were observed (Fig. 2). One of them was placed in the distal choledochus and probably matched up to the image seen in the abdominal radiograph. The other stone, placed in the upper part of the common bile duct, had probably migrated also from the gallbladder in the hours preceding the ERCP procedure.

An endoscopic biliary sphincterotomy was performed and both common bile duct stones were extracted with no complications (1). The patient was scheduled for regular cholecystectomy. Only 10% of gallstones are radiopaque. Their calcium component is responsible for their visualization in radiographs (2). It is unusual to observe in a plain abdominal radiograph a radiopaque gallstone placed in the theoretically common bile duct site in a patient with acute obstructive jaundice.

Nowadays the practice of Medicine relies on many technical improvements, and algorithms to diagnose clinical syndromes have become increasingly sophisticated (3). Nevertheless, it is important that simple, classical diagnostic procedures be always borne in mind.

REFERENCES