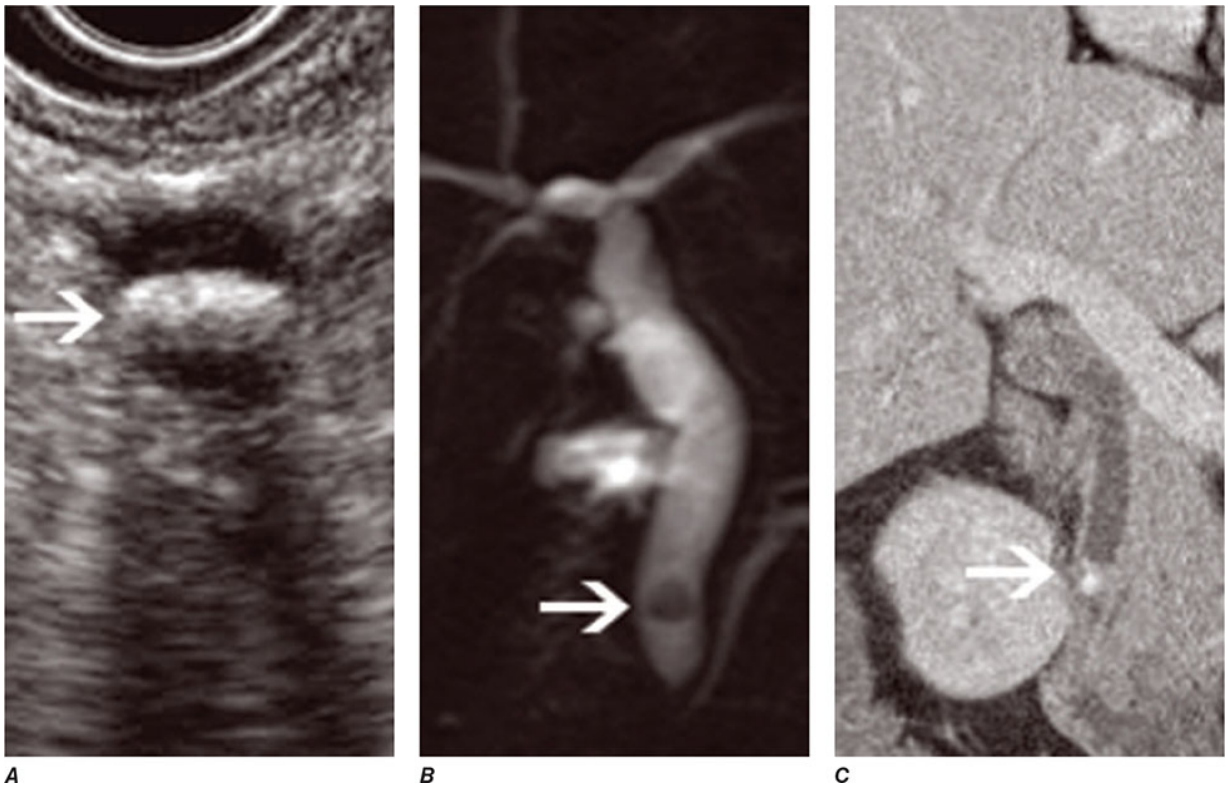

FIGURE 322-50 Methods of bile duct imaging. *Arrows* mark bile duct stones. ***A.*** Endoscopic ultrasound (EUS). ***B.*** Magnetic resonance cholangiopancreatography (MRCP). ***C.*** Helical computed tomography (CT).

If the suspicion for a bile duct stone is high and urgent treatment is required (as in a patient with obstructive jaundice and biliary sepsis), ERCP is the procedure of choice since it remains the gold standard for diagnosis and allows for immediate treatment **(Video V5-18)**. If a persistent bile duct stone is relatively unlikely (as in a patient with gallstone pancreatitis), ERCP may be supplanted by less invasive imaging techniques, such as EUS, MRCP, or intraoperative cholangiography performed during cholecystectomy, sparing some patients the risk and discomfort of ERCP.

Ascending Cholangitis Charcot's triad of jaundice, abdominal pain, and fever is present in ~70% of patients with ascending cholangitis and biliary sepsis. These patients are managed initially with fluid resuscitation and intravenous antibiotics. Abdominal ultrasound is often performed to assess for gallbladder stones and bile duct dilation. However, the bile duct may not be dilated early in the course