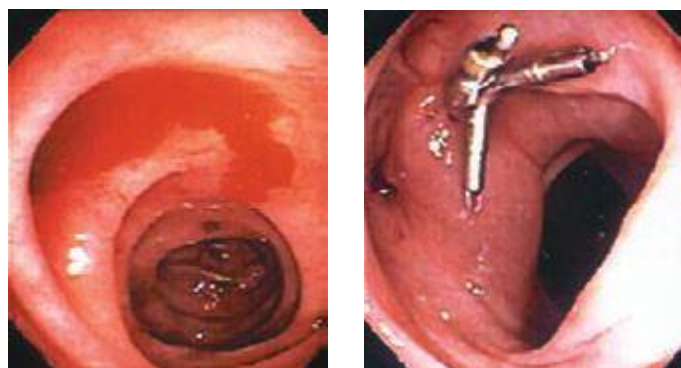


**FIGURE 345-29** Colonic diverticula.



**FIGURE 345-30** Diverticular hemorrhage. **A.** Actively bleeding sigmoid diverticulum. **B.** Hemostasis achieved using endoscopic clips.



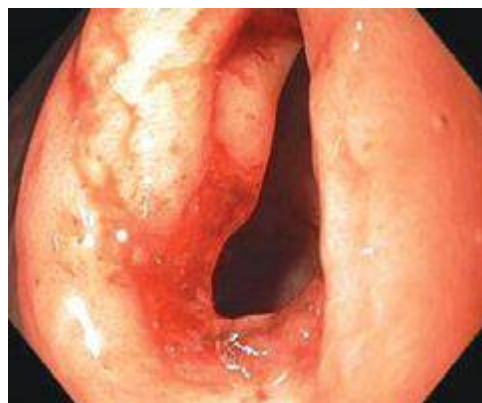
**FIGURE 345-31** Esophageal food (meat) impaction.



**A**



**B**



**C**

**FIGURE 345-32** Gastric outlet obstruction due to pyloric stenosis.

**A.** Sequela of nonsteroidal anti-inflammatory drug (NSAID)-induced ulcer disease with severe stenosis of the pylorus (*arrow*). **B.** Balloon dilation of the stenosis. **C.** Appearance of pyloric ring after dilation.

can result in recrudescence of overt sepsis and increased morbidity and mortality rates. In addition to Charcot's triad, the additional presence of shock and confusion (Reynolds's pentad) is associated with high mortality rate and should prompt urgent intervention to restore biliary drainage.

**Gallstone Pancreatitis** Gallstones may cause acute pancreatitis as they pass through the ampulla of Vater. The occurrence of gallstone pancreatitis usually implies passage of a stone into the duodenum, and only about 20% of patients harbor a persistent stone in the ampulla or the common bile duct. Retained stones are more common in patients with jaundice, rising serum liver tests following hospitalization, severe pancreatitis, or superimposed ascending cholangitis.

Urgent ERCP decreases the morbidity rate of gallstone pancreatitis in a subset of patients with retained bile duct stones. It is unclear