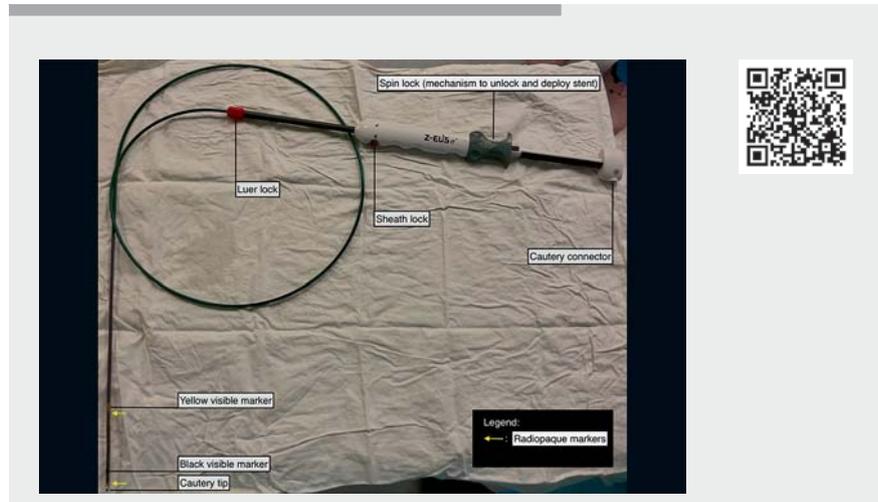


Endoscopic ultrasound-guided gallbladder drainage using a novel cautery-enhanced, endoscopist-deployed lumen-apposing metal stent

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An 85-year-old woman presented with right upper abdominal pain and fever. Examination revealed tenderness in the right hypochondrium with a positive Murphy's sign. White cell count was $16.3 \times 10^9/L$, but liver function was normal. Transabdominal ultrasound confirmed acute cholecystitis with a 6-mm cystic duct stone. Owing to the patient's pre-existing Alzheimer's disease and frail pre-morbid condition, we decided for endoscopic ultrasound-guided gallbladder drainage (EUS-GBD) after discussion with the patient's main caregiver [1–3]. The procedure was performed in an endoscopy suite with fluoroscopy capabilities and the patient was placed in the prone position under conscious sedation (► **Video 1**). A linear echoendoscope (GF-UCT260; Olympus, Tokyo, Japan) was advanced to the first part of the duodenum and a distended gallbladder up to 10 cm and a 6-mm cystic duct stone were identified (► **Fig. 1**). There were no stones in the common bile duct. EUS-GBD was performed via direct puncture with a novel cautery-enhanced, lumen-apposing metal stent (LAMS) (Hanarostent Z-EUS IT; M.I. Tech, Gyeonggi-do, South Korea) (► **Fig. 2**). This is a 12 mm (diameter) × 30 mm (length) fully-covered, lumen-apposing stent with an inter-flange distance of 22 mm. The opening and deployment of the proximal and distal flanges of the stent were fully controlled by the endoscopist. The opening of the distal flange was confirmed on endoscopic ultrasound (EUS) (► **Fig. 3**), while the proximal flange was visualized endoluminally (► **Fig. 4**). The procedure took 20 minutes and there was good drainage of purulent bile at the end. Abdominal X-ray confirmed a good stent opening and the presence of the air cholecystogram (► **Fig. 5**). The patient's fever subsided and her white cell count normalized by day two after the procedure and she was discharged with a one-week course of oral antibiotics.



► **Video 1** Use of a novel cautery-enhanced, endoscopist-deployed lumen-apposing metal stent to perform endoscopic ultrasound-guided gallbladder drainage.



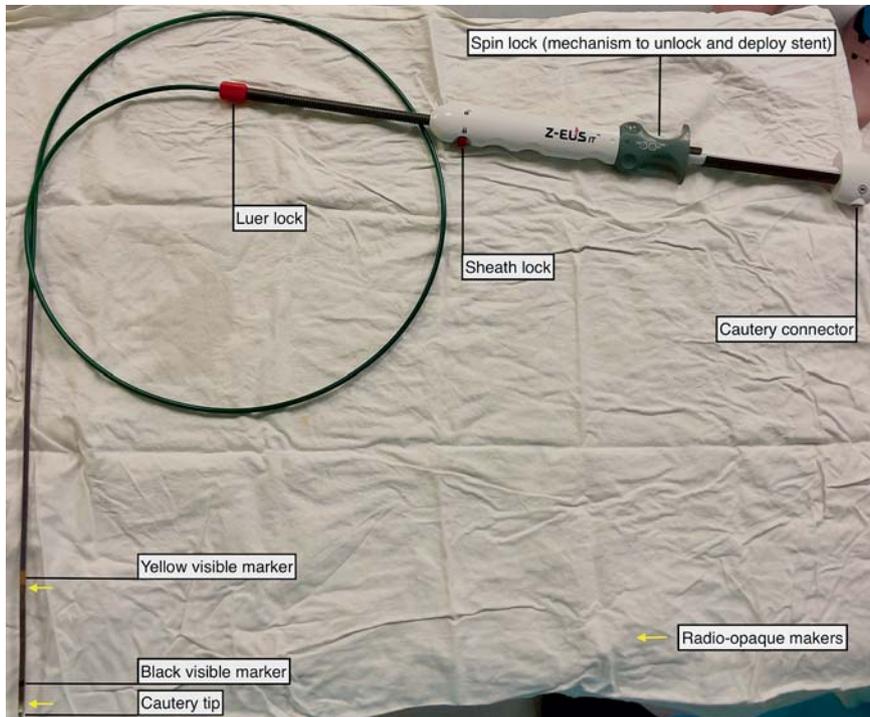
► **Fig. 1** Endoscopic ultrasound images of a distended gallbladder and cystic duct stone. Arrow (←) shows the cystic duct stone.

The availability of a cautery-enhanced, endoscopist-deployed LAMS allows precise stent placement under EUS guidance to drain the gallbladder into the duodenum. It makes for safer stent deployment in tight spaces and reduces the need for an experienced assistant.

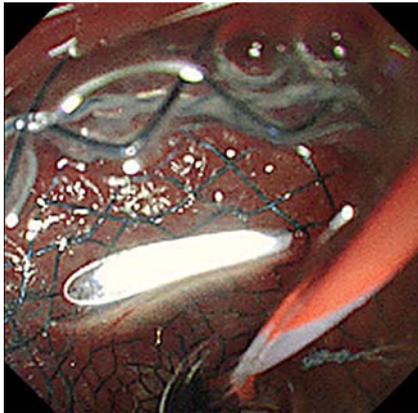
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Competing interests

AYB Teoh is a consultant for Boston Scientific, Cook Medical, Taewoong Medical, Microtech Medical, and M.I. Tech Medical Corporations. LWL Ong, SM Chan, and HC Yip declare no conflicts of interest.



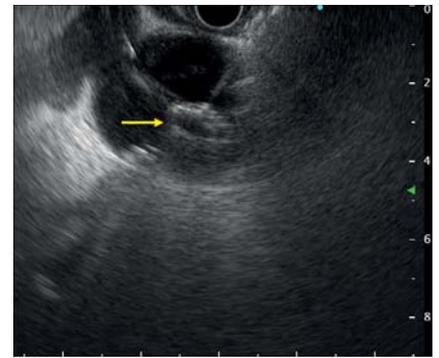
► Fig. 2 The cautery-enhanced, lumen-apposing metal stent.



► Fig. 4 Endoluminal image of the proximal flange of the fully deployed stent.



► Fig. 5 Abdominal X-ray of the stent and air cholecystogram. Arrow (→) shows the lumen-apposing metal stent; * shows the air cholecystogram.



► Fig. 3 Endoscopic ultrasound image of the distal flange of stent fully deployed. Arrow (→) shows the distal flange of the stent.

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Endoscopy 2022; 54: E800–E801

DOI 10.1055/a-1806-1646

ISSN 0013-726X

published online 6.5.2022

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