Endoscopic ultrasound-guided retrograde pancreatic stent placement for the treatment of stenotic jejunopancreatic anastomosis after a Whipple procedure

Endoscopic ultrasound (EUS)-guided [1, 2] or percutaneous [3] rendezvous methods have been used for the treatment of stenosis at the jejunopancreatic anastomosis following pancreatoduodenectomy. However, the use of EUS-guided retrograde pancreatic duct stenting has not been reported, even though it may be pre-

ferable from the point of view of complications.

A 50-year-old man, who had been suffering from repetitive pancreatitis for 1 year due to stenosis at the jejunopancreatic anastomosis after pancreatoduodenectomy (● Fig. 1 a), underwent EUS-guided retrograde pancreatic duct stenting. Prior to the procedure, despite careful searching with a forward-viewing scope, the orifice of the pancreatic duct could not be detected due to severe luminal inflammation. A convex-type EUS scope (GF-UCT240; Olympus, Tokyo, Japan) was advanced to the anastomotic site (● Fig. 1 b) and, using color Doppler, the puncture line was adjusted to avoid blood vessels. A 19-gauge needle (SonoTip Pro Control; Medi-globe, Achenmühle, Germany) was inserted into the main pancreatic duct (● Fig. 1 c), and advancement of a guide

wire (VisiGlide, 0.025-inch; Olympus) fully into the duct was confirmed using contrast medium (● Fig. 1 d). Dilation was unsuccessful with a bougie catheter (Soehendra, 4–7 Fr; Cook Medical, Winston-Salem, North Carolina, USA), but was easily completed using a diathermic sheath (Cysto-Gastro Set, 6 Fr; Endo-Flex, Voerde, Germany) [4]. A plastic stent (Geenen, 5 Fr; Cook Medical) was placed (● Fig. 1 e) and the patient's symptoms disappeared immediately.

Two months later, as scheduled, the stent was upsized to a 7 Fr with balloon dilation (Quantum TTC, 6 mm; Cook Medical) (● Fig. 2 a). No complications occurred during these procedures and the patient was subsequently healthy (● Fig. 2 b). Compared with the rendezvous method, the retrograde procedure presented here is a one-step, one-scope method that is

Fig. 2 a, b The second procedure and following CT: **a** balloon dilation of the stenotic jejunopancreatic anastomosis for upsizing of the stent; **b** CT view showing healing of the jejunal and peripancreatic inflammation and the pancreatic stent in place in the nondilated MPD.

not performed through the abdominal cavity; hence, it carries a lower risk of pancreatic juice leakage and other complications [5]. This method is worthwhile when attempting to rescue a stenotic pancreatojejunostomy after a Whipple resection.

Endoscopy_UCTN_Code_TTT_1AS_2AD

Competing interests: None

Hiroyuki Matsubayashi¹, Yoshihiro Kishida¹, Kunihiro Shinjo¹, Kenichiro Imai¹, Kinichi Hotta¹, Masaki Tanaka¹, Naomi Kakushima¹, Kohei Takizawa¹, Takashi Mizuno², Yukiyasu Okamura², Hiroyuki Ono¹

¹ Division of Endoscopy, Shizuoka Cancer Center, Suntogun, Shizuoka, Japan

² Department of Hepatopancreaticobiliary Surgery, Shizuoka Cancer Center, Suntogun, Shizuoka, Japan

References

- 1 Kikuyama M, Itoi T, Ota Y et al. Therapeutic endoscopy for stenotic pancreatodigestive tract anastomosis after pancreatoduodenectomy (with videos). *Gastrointest Endosc* 2011; 73: 376–382
- 2 Mallery S, Matlock J, Freeman ML. EUS-guided rendezvous drainage of obstructed biliary and pancreatic ducts: report of 6 cases. *Gastrointest Endosc* 2004; 59: 100–107
- 3 Ota Y, Kikuyama M, Suzuki S et al. Percutaneous pancreatic-duct puncture with rendezvous technique can treat stenotic pancreatojejunostomy. *Digest Endosc* 2010; 22: 228–231
- 4 Kawakami H, Kuwatani M, Eto K et al. Resolution of a refractory severe biliary stricture using a diathermic sheath. *Endoscopy* 2012; 44 (Suppl. 02): E119–120
- 5 Will U, Fuedner F, Thieme AK et al. Transgastric pancreatography and EUS-guided drainage of the pancreatic duct. *J Hepatobiliary Pancreat Surg* 2007; 14: 377–382

Bibliography

DOI <http://dx.doi.org/10.1055/s-0033-1358923>
Endoscopy 2013; 45: E435–E436
 © Georg Thieme Verlag KG
 Stuttgart · New York
 ISSN 0013-726X

Corresponding author

Hiroyuki Matsubayashi, MD, PhD

Division of Endoscopy
 1007 Shimonagakubo
 Nagaizumi, Suntogun
 Shizuoka
 411-8777
 Japan
 Fax: +81-55-9895692
 h.matsubayashi@scchr.jp