Management of a migrated and embedded lumen-apposing metal stent: a solution to an emerging conundrum

► **Fig. 1** Computed tomography (CT) scan image showing a fluid collection within the pancreatic head abutting the stomach.

► **Fig. 2** Magnetic resonance imaging (MRI) scan image showing complete resolution of the pancreatic pseudocyst after 6 weeks.

► **Fig. 3** Endoscopic image showing both lumen-apposing metal stents in place just prior to their removal.

A 38-year-old woman with a history of alcohol-induced pancreatitis presented with abdominal pain secondary to a large pseudocyst. An initial computed tomography (CT) scan showed a 10-cm fluid collection in the head of the pancreas that was abutting the stomach (► **Fig. 1**). An endoscopic ultrasound (EUS) was performed and the pseudocyst was drained with a lumen-apposing metal stent (LAMS). The patient's symptoms resolved and a subsequent magnetic resonance imaging (MRI) scan 6 weeks after placement of the LAMS showed complete resolution of the pseudocyst (► **Fig. 2**).

An endoscopy was performed 1 week later for removal of the LAMS; however, this showed that the LAMS had completely migrated into the pseudocyst cavity. In addition, it had become embedded within the wall of the cavity and attempts to remove it with dilation and grasping forceps were unsuccessful. Subsequently, a second LAMS was placed into the cavity to help necrose the tissue that was embedding the original LAMS and to facilitate its removal (► **Fig. 3**; ► **Video 1**). Both LAMSs were then suc-

cessfully removed in a second procedure 2 weeks later, as shown in ► **Video 1**. The patient did well clinically, having no evidence of active bleeding or perforation, and was discharged home after the procedure to remove the stents.

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Competing interests

Divyesh V. Sejpal: Consulting agreement with Boston Scientific.

► VIDEO 1

► **Video 1:** Video showing the removal of the migrated and embedded lumen-apposing metal stent.

The Authors

**Divyesh V. Sejpal, Peter H. Stein,
Sumant Inamdar, Arvind J. Trindade**

Hofstra Northwell School of Medicine, Northwell
Health System, Division of Gastroenterology,
Department of Medicine, North Shore University
Hospital, Manhasset, New York, USA

Corresponding author

Divyesh V. Sejpal, MD

North Shore University Hospital, Division
of Gastroenterology, Hofstra Northwell
School of Medicine, Northwell Health
System, 300 Community Drive, 4 Levitt,
Manhasset, NY 11030, USA
Fax: +1-516-562-2683
divsejpal@hotmail.com

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