Endoscopic ultrasonography-guided fine-needle biopsy from the pancreatic head of a patient with Roux-en-Y reconstruction

Although endoscopic ultrasonography-guided fine needle biopsy (EUS-FNB) has been developed, its implementation is still challenging in patients with surgically altered anatomy [1–3]. A 68-year-old man who had undergone laparoscopic total gastrectomy with Roux-en-Y reconstruction for gastric cancer 40 months previously was admitted to our department. His serum carcinoembryonic antigen (CEA) level was increased at 43.6 ng/mL. Abdominal computed tomography (CT) scanning revealed an obscure mass beside the pancreatic head (▶Fig. 1a). An 18F-fluorodeoxyglucose positron emission tomography/CT scan revealed abdominal accumulation of tumor near the surgical staples (▶Fig. 1b). The patient underwent transjejunal EUS-FNB. First, a double-balloon endoscope (DBE; EI-530B; Fujifilm, Tokyo, Japan) was inserted into the afferent limb. Next, a 0.035-inch ultrastiff guidewire (Wragen SUS endoscopic guidewire; Piolax Medical Devices, Yokohama, Japan) was placed in the afferent limb. Thereafter, a new curved linear echoendoscope (CLE; EG-580UT; Fujifilm) was inserted into the afferent limb over the guidewire under fluoroscopic and endoscopic guidance. The trajectory of the CLE was close to the surgical staples, these being a tumor landmark (▶Fig. 2; ▶Video 1). The EUS revealed a hypoechoic mass beside the pancreatic head near the surgical staples. Finally, EUS-FNB was performed using a 22-gauge Franseen needle (Acquire; Boston Scientific Japan, Tokyo, Japan) without any complications (▶Fig. 3; ▶Video 1). The cytopathological diagnosis showed adenocarcinoma, consistent with recurrence of the gastric cancer. EUS-FNB for patients who have undergone Roux-en-Y reconstruction, particularly from the pancreatic head, is still challenging [1–3]. The following tips have been illustrated by this case: (i) DBE-guided ultrastiff guidewire placement can correct flexion of the afferent limb.
limbs; (ii) a new CLE enables safe and reliable intubation into the afferent limb because of the frontal endoscopic view and flexible scope tip [3]. The combination of DBE-assisted ultrastiff guidewire placement and new CLE intubation facilitates EUS-FNB from the pancreatic head for patients with surgically altered anatomy.

Endoscopy_UCTN_Code_TTT_1AS_2AF

Competing interests

None
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DOI https://doi.org/10.1055/a-0624-1319
Published online: 12.6.2018
Endoscopy 2018; 50: E202–E204
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X