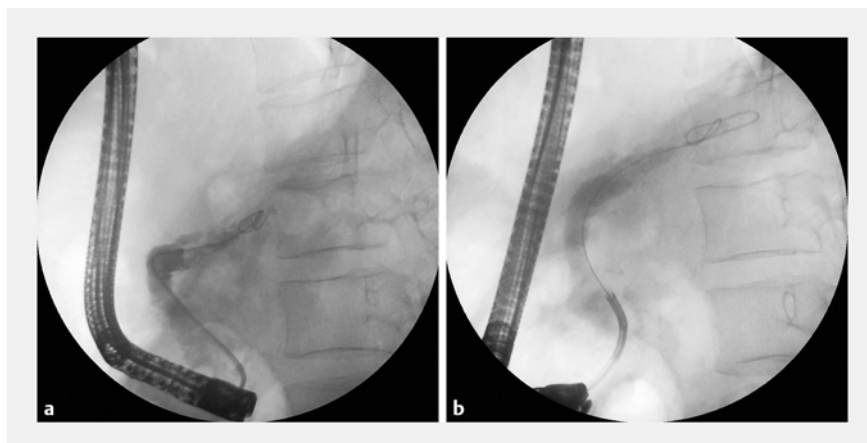


Peroral cholangiopancreatography as a rescue method for a trapped pancreatic guidewire

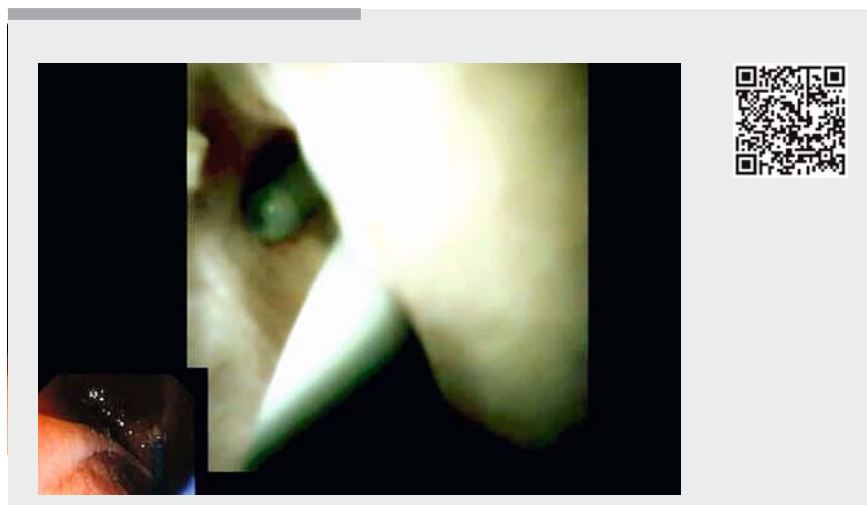
Peroral cholangiopancreatography is an endoscopic technique that enables direct visual examination and video-guided tissue sampling. The technique has improved the ability to identify pancreaticobiliary diseases and has been useful for treating complex bile and pancreatic duct stones [1–3]. It is increasingly being used as a therapeutic procedure [4].

We present the case of a 55-year-old man with a history of chronic calcifying pancreatitis of alcoholic etiology. He was admitted for resolution of symptomatic pancreatic lithiasis using endoscopic retrograde cholangiopancreatography. To our knowledge, there are no reports of rescue maneuvers using cholangiopancreatoscopes.

During the procedure, the ascending duodenal part was hardly reached owing to a tortuous duct due to the chronic pancreatitis. The guidewire was placed in the pancreatic duct at the first attempt. Initially without the use of contrast, pancreatic calcifications were observed in the fluoroscopic image. After opacification, a very dilated Wirsung duct (10 mm) was observed, and stones were confirmed in the pancreas body and tail (► **Fig. 1 a**). Sphincterotomy and cleaning of the main pancreatic duct were performed. During the cleaning maneuvers, we could not withdraw the guidewire from the pancreatic tail as it had become trapped between the stones. Despite the use of standard force, the pancreatic guidewire could not be mobilized (► **Fig. 1 b**). Sphincteroplasty with a balloon was performed, followed by pancreatoscopy with the SpyGlass system (Boston Scientific, Marlborough, Massachusetts, USA). Under direct view it was possible to see the guidewire impacted between pancreatic stones. We started to wash through the SpyGlass working channel to move the stones and were eventually able to release the guidewire (► **Video 1**). Litho-



► **Fig. 1** Fluoroscopy. **a** Dilated tortuous pancreatic duct. **b** Trapped guidewire in the pancreatic tail.



► **Video 1** Peroral cholangiopancreatography showing endoscopic maneuvers to rescue a trapped pancreatic guidewire.

tripsy was then performed using a laser, and most, but not all, of the stone fragments were extracted. Finally, a plastic prosthesis (9 cm × 10 Fr) was inserted.

Endoscopy_UCTN_Code_CPL_1AK_2AC

Competing interests

Dr. Pons Beltrán has received fees for serving as a consultant for Boston Scientific.

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