Endoscopic ultrasound-guided salvage for a disconnected choledochojejunostomy anastomosis through a jejunal stoma

A 25-year-old man with a history of deceased-donor liver transplantation using a right lobe graft with Roux-en-Y choledochojejunostomy was referred for endoscopic management of cholangitis due to anastomotic strictures [1] (Fig. 1). The patient developed postoperative bile leakage and disconnection of the choledochojejunostomy anastomosis. He underwent percutaneous transhepatic placement of catheters for the bile ducts in segments 5, 6, and 7 (B5–7). Re-canalization was achieved by percutaneous procedures for B5 and B6, whereas a complete disconnection between B7 and the jejunum was not amenable to the percutaneous approach or double-balloon endoscopy. Therefore, we decided to perform endoscopic ultrasound (EUS)-guided drainage to re-anastomose B7 with the jejunum.

We inserted an echoendoscope (EG580UT; Fujifilm Corp., Tokyo, Japan) through a pre-existing jejunal stoma, after dilating the fistula with a 20-mm balloon catheter. With the help of contrast injection through the biliary catheter, B7 was punctured using a 19-gauge needle and a 0.025-inch guidewire was passed through the fistula of a percutaneous catheter. After inserting a balloon catheter over the guidewire with external traction, we dilated the puncture site and deployed a 10-Fr percutaneous catheter into the jejunum across B7 (Fig. 2).
In the following session, we inserted a forward-viewing endoscope (GIF-2T240; Olympus Medical, Tokyo, Japan) through the stoma and replaced each of the percutaneous catheters with fully-covered self-expandable metal stents (8 mm × 4 cm; BONASTENT M-Intraductal; Sewoon Medical Co., Ltd., Chungcheongnam-do, South Korea) (▶ Fig. 3) [2]. The metal stents were subsequently removed endoscopically 3 months later, with no recurrence of cholangitis (▶ Fig. 4).

EUS-guided biliary drainage for a complicated anastomotic disconnection was feasible through a jejunal stoma (▶ Video 1). Given recent advances in EUS-guided pancreatobiliary interventions [3,4], the use of a jejunal stoma as a port for endoscopic biliary access could further expand this developing frontier of non-surgical management for post-operative complications [5].

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Competing interests

None

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