Endoscopic ultrasound-guided gastrojejunos-tomy using a 2-cm lumen-apposing metal stent to treat benign afferent loop syndrome

Afferent loop obstruction is a complication of pancreaticoduodenectomy [1]. Traditionally, afferent loop obstruction is managed by surgical or percutaneous methods. We report on a case of afferent loop obstruction treated by endoscopic ultrasound (EUS)-guided gastrojejunostomy (▶ Video 1).

A 67-year-old woman with a history of ampullary cancer treated with Whipple procedure 16 months previously presented with abdominal pain, vomiting, and weight loss. Her lipase level was elevated. Abdominal computed tomography (CT) showed a distended stomach, and dilated afferent limb and biliary tree (▶ Fig. 1). Upper endoscopy showed benign narrowing/angulation at the entrance to the efferent limb; the endoscope could not traverse the narrowing. A diagnosis of benign afferent loop syndrome was made. Surgical, percutaneous, and endoscopic options were discussed with the patient, and she elected to proceed with endoscopic treatment.

An overtube was mounted onto an endoscope. A guidewire was advanced to the efferent limb and the endoscope was removed. A CRE balloon catheter (Boston Scientific, Marlborough, Massachusetts, USA) was advanced over the wire and inside the overtube under fluoroscopy. The CRE balloon was positioned in the efferent jejunal loop past the narrowing and opposing the stomach silhouette. The balloon was inflated (▶ Fig. 2 a). The overtube was removed. An echoendoscope with a 2-cm hot AXIOS stent (Boston Scientific) was advanced to the stomach opposing the balloon (▶ Fig. 2 b). The AXIOS system catheter was advanced using electrocautery inside the balloon causing balloon rupture. The wire was advanced to the jejunum. The distal flange was deployed, followed by the proximal flange (▶ Fig. 2 c). The LAMS was dilated up to 2 cm using a CRE balloon (▶ Fig. 2 d).

No complications occurred. CT showed decompression of the stomach and the afferent limb (▶ Fig. 3). The patient tolerated a soft diet.

In conclusion, EUS-guided gastrojejunostomy is an alternative treatment to surgery in the management of afferent loop syndrome, particularly in patients who are poor candidates for surgery [2–4].
Competing interests
None

The authors

Michael Lajin¹, Marc F. Catalano², Naser M. Khan³, Issam Lajin¹
¹ Gastroenterology/Internal Medicine, SHARP Grossmont Hospital, San Diego, California, United States
² Internal Medicine, Memorial Hermann Texas Medical Center, Houston, Texas, United States
³ Internal Medicine, DuPage Medical Group, Downers Grove, Illinois, United States

Corresponding author
Michael Lajin, MD
Gastroenterology/Internal Medicine, SHARP Grossmont Hospital, 8860 Center Drive, Suite 330, La Mesa, California 91942, United States
Fax: +1-619-460-5148
mlajin@yahoo.com

References


Bibliography
DOI https://doi.org/10.1055/a-0875-3594
Published online: 12.4.2019
Endoscopy 2019; 51: 695–696
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Endoscopy E-Videos
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at
https://mc.manuscriptcentral.com/e-videos

Video 1 Endoscopic ultrasound-guided gastrojejunostomy for treatment of benign afferent limb syndrome using a 2-cm diameter lumen-apposing metal stent.

Fig. 3 Postoperative computed tomography of the abdomen showing decompression of the afferent loop.