A 45-year-old man was referred to our endoscopy unit because of a benign refractory hepaticojejunal anastomotic stricture. Previous transhepatic anastomotic dilations had failed to guarantee long-term patency. We proposed endoscopic ultrasound (EUS)-guided duodenojejunostomy created using a lumen-apposing metal stent (LAMS) to allow endoscopic management of the biloenteric stricture. The efferent limb was filled with water and contrast medium from the percutaneous biliary transhepatic drainage (PTBD) (▶ Fig. 1 a, b). Then under EUS guidance, a LAMS (Hot-Axios, 10 × 15 mm) was deployed from the duodenal bulb into the target jejunal loop, using pure cut effect 4. A long 0.025-inch guidewire was coiled inside the loop. Under fluoroscopic and endoscopic guidance both flanges of the LAMS were successfully deployed without complications (▶ Video 1).

In the same session, a fully covered self-expandable metal stent (FCSEMS) (Wallflex; Boston Scientific) was deployed across the stenosed biloenteric anastomosis (▶ Fig. 2).

The patient started on an oral diet the same day and he was discharged on day 1. At 6-month follow-up, upper endoscopy was performed with easy passage through the LAMS to remove the FCSEMS. Subsequent evaluation highlighted a good patency of the anastomosis with no secondary biliary stones (▶ Video 1).

At 9 months after the EUS-guided duodenojejunostomy and 3 months from FCSEMS removal the patient is asymptomatic with normal liver test results. The LAMS is still in place.

Benign stricture may occur in up to 24% of cases after biloenteric anastomosis [1], and PTBD is the gold standard treatment. EUS-guided anastomosis using a LAMS is becoming standardized in tertiary centers, for cholecystogastrostomy, gastrojejunostomy, and cases of altered anatomy [2, 3]. We report one of the first cases of EUS-guided duodenojejunostomy where a prior PTBD was used to fill the target jejunal loop with water and contrast medium. Direct EUS-guided transgastric hepatic injection in order to fill the jejunal loop is another viable option that would allow a single-operator single-session procedure.
Permanent duodenojejunostomy using a LAMS seems a feasible and safe technique for the management of bilioenteric anastomotic stricture in selected cases.

Endoscopy_UCTN_Code_TTT_1AS_2AD

Competing interests

The authors declare no conflict of interest.

The authors

Gianfranco Donatelli¹, Fabrizio Ceretti², Serge Derhy³
1 Unité d’Endoscopie Interventionnelle,
Hôpital Privé des Peupliers, Ramsay Générale de Santé, Paris, France
2 Gastroenterologia ed Endoscopia Digestiva
ASST Cremona, Cremona, Italy
3 Unité de Radiologie Interventionnelle,
Hôpital Privé des Peupliers, Ramsay Générale de Santé, Paris, France

Corresponding author

Gianfranco Donatelli, MD
Unité d’Endoscopie Interventionnelle,
Ramsay Générale de Santé, Hôpital Privé des Peupliers, 8 Place de l’Abbé G. Hénocque,
75013, Paris, France
Fax: + 33-1-44165615
donatelligianfranco@gmail.com

References


Bibliography

DOI https://doi.org/10.1055/a-0896-2310
Published online: 9.5.2019
Endoscopy 2019; 51: E261–E262
© 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