A 74-year-old woman with a 2-year history of pancreaticoduodenectomy for pancreatic cancer was admitted to our hospital for treatment of obstructive jaundice due to a recurrent tumor, which divided the right and left hepatic ducts (RHD and LHD, respectively). Endoscopic ultrasound-guided biliary drainage (EUS-BD) was planned.

A curved linear EUS device was inserted into the stomach. Segment 2 of the dilated intrahepatic bile duct was punctured with a 19-gauge needle. A 0.025-inch guidewire (VisiGlide 2; Olympus, Tokyo, Japan) was then easily inserted into the LHD and the afferent limb. Subsequently, we inserted a single-lumen catheter along with the guidewire into the LHD; however, the guidewire could not be introduced into the RHD (▶ Fig. 1, ▶ Video 1). Therefore, we changed the catheter to a double-lumen cannula (Uneven double-lumen cannula [short type]; Piolax Medical Devices, Kanagawa, Japan) and inserted a 0.025-inch hydrophilic guidewire (Radifocus; Terumo, Tokyo, Japan) into the LHD via the other lumen. The second guidewire could be manipulated to reach the RHD (▶ Fig. 2). Subsequently, an uncovered metal stent (Bile Rush; Piolax Medical Devices) was placed to bridge the obstruction of the RHD and LHD. Finally, a 7-Fr plastic stent...
was inserted from the LHD to the stomach (▶ Fig. 3). No adverse event was encountered and the jaundice resolved. EUS-BD using a single-lumen catheter is widespread; however, EUS-BD for hilar biliary obstruction is quite uncommon because guidewire manipulation is required to bridge the left and right biliary systems beyond the obstruction [1, 2]. A double-guidewire technique using a double-lumen catheter can facilitate the procedure. The technique includes two rationales: first, the first guidewire prevents entry into the untargeted duct, and the second guidewire can be advanced towards the targeted duct. Second, the first guidewire serves as a landmark for the manipulation of the second guidewire.

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Competing interests

None

The authors

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