A 74-year-old woman was hospitalized in August 2017 for altered performance status and obstructive cholangitis due to the recurrence of an adenocarcinoma involving the head of the pancreas that had been resected 2 years previously. Disease recurrence was locoregional and causing complete stenosis of the afferent loop, which prevented access to the biliary–digestive anastomosis using an endoscope. This stenosis was responsible for the accumulation of bilirubin in the afferent loop and distension of the biliary ducts (Fig. 1a, b). Antibiotics were started and a percutaneous drain was placed with technical success; however, the patient’s bilirubin level remained high (200 µmol/L) despite a second attempt at drainage on day 3.

After multidisciplinary discussion, it was decided to perform endoscopic drainage, given the age and the performance status of the patient, which made her not fit for a surgical approach (performance status 4). A linear echoendoscope (EG 3670 URK; Pentax, France) was placed in the stomach. The distended afferent loop, located near the gastric wall, was easily identified and endoscopic ultrasound (EUS)-guided placement of an AXIOS stent (15-mm diameter; Boston Scientific) allowed a connection to be created between the stomach and the afferent loop, thereby achieving biliary drainage (Fig. 1c–i). There were no early or late complications related to this procedure.

The patient’s bilirubin level decreased progressively, returning to the normal range within 3 months and was stable during the next 3 months before beginning to increase again (Fig. 2, Video 1). During this time, the patient felt better and her performance status improved (performance status 2) such that, 5 months after endoscopic drainage, she was able to resume feeding and walking, which improved her moral. At month 7, icterus recurred due to hepatic hilum obstruction; however, this time, the afferent loop was directly accessible by passing the endoscope through the AXIOS stent. Extrinsic stenosis of hepatic hilum was confirmed by cholangiography. Metal and plastic stents were placed between the intrahepatic and extrahepatic bile ducts.
Percutaneous biliary drainage and the afferent digestive loop, allowing a transient improvement in the cholestasis (▶ Fig. 2). The patient died of her cancer 3 months later, meaning she survived a total of 9 months from the first biliary drainage. This case shows the feasibility of biliary drainage by creation of an endoscopic gastrointestinal anastomosis in the context of cancer, especially in patients who are not fit for a surgical approach.

Endoscopy_UCTN_Code_TTT_1AS_2AG

Competing interests

None

The authors

N. Soukaina Chawki1, Bertrand Leroy2, Bachir Hag3, Xavier Robin1, Jean-Marc Phelip1,4, Nicolas Williet1,4

1 Department of Hepato-gastro-enterology, University Hospital of Saint-Etienne, Saint-Priest-en-Jarez, France
2 Department of General Surgery, University Hospital of Saint-Etienne, Saint-Priest-en-Jarez, France
3 Department of Radiology, University Hospital of Saint-Etienne, Saint-Priest-en-Jarez, France
4 EA 7425 HESPER, Health Services and Performance Research, Claude Bernard Lyon 1 University, Lyon, France

Corresponding author

Nicolas Williet, MD
Hepatogastroenterology Department, University Hospital of Saint-Etienne, Avenue Albert Raimond, Saint-Etienne 42270, France
Fax: +33-4-77828452
nwilliet@yahoo.fr

Bibliography

DOI https://doi.org/10.1055/a-0924-5380
Published online: 2019
Endoscopy
© 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

Chawki N Soukaina et al. LAMS for palliative gastrointestinal anastomosis... Endoscopy