Endoscopic ultrasound-guided pancreatic duct drainage (EUS-PD) is an alternative technique that can be performed after endoscopic transpapillary pancreatic duct drainage fails [1]. Recently, a novel fine-gauge electrocautery dilator (Fine025; Medico’s Hirata Inc., Osaka, Japan) has become available in Japan (▶Fig. 1). The distal end of the outer dilator contains a metal tip, the top of which is 3-Fr, allowing a smaller burning effect [2]. We describe EUS-PD using this dilator in a patient with hard pancreatic parenchyma.

A 64-year-old man was admitted to our hospital for acute pancreatitis due to a pancreatic head stone (▶Fig. 2). After the acute pancreatitis had improved using conservative therapy, endoscopic transpapillary treatment was attempted for the stone. However, a guidewire could not be passed because of the stricture of the pancreatic duct and the stone. As acute pancreatitis could have reoccurred, we decided to perform EUS-PD. The dilated main pancreatic duct (MPD) was first viewed using an echoendoscope, then the MPD was punctured using a 19-gauge needle (Sono Tip Pro Control; Medi-Globe, Rosenheim, Germany). A 0.025-inch guidewire (VisiGlide 2; Olympus Medical Systems, Tokyo, Japan) was inserted into the MPD through the needle (▶Fig. 3). Dilation of the needle tract using a mechanical dilator (ES dilator; Zeon Medical Co. Ltd., Tokyo, Japan) was difficult because the pancreatic parenchyma and the MPD wall were very hard. A novel fine-gauge electrocautery dilator (Fine025) was then used. Dilation of the tract was successful; a 7-Fr plastic stent (Type IT; Gadelius Medical Co. Ltd., Tokyo, Japan) was placed from the MPD to the stomach (▶Video 1).

This case suggests that this fine-gauge electrocautery dilator can be useful for tract dilation during EUS-PD procedures. Further studies on a large number of cases will be needed to validate its safety and efficacy.

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Competing interests

None

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