Removing a metal stent using a string following endoscopic ultrasound-guided antegrade placement for pancreaticojejunostomy stricture

Temporary stent placement is effective for symptomatic pancreaticojejunostomy stricture (PJS). An endoscopic ultrasound (EUS)-guided approach is a useful salvage technique when balloon enteroscopy-assisted endoscopic retrograde cholangiopancreatography (ERCP) is unsuccessful [1–4]. However, plastic stents are sometimes not sufficient to improve the stricture. Although covered self-expandable metal stents (CSEMS) may be useful for severe strictures, their removal after EUS-guided antegrade placement is challenging. Here, we report a successful case of removal of antegrade-placed CSEMS using a string via EUS-guided pancreaticogastrostomy.

A man in his 70s developed acute recurrent pancreatitis due to PJS. As balloon enteroscopy-assisted ERCP failed, EUS-guided antegrade placement of a CSEMS with string (BONASTENT M-Intraductal; Standard Sci Tech Inc., Seoul, Korea) [5] across the PJS, and plastic stent placement from the pancreatic duct to the stomach, were performed; the string was released into the stomach across the fistula.

At endoscopy 3 months later, a side-viewing scope was inserted to remove the stents (▶ Fig. 1a). First, a guidewire was inserted into the pancreatic duct alongside the previously placed plastic stent and string. The stent was removed by grasping it with forceps through the scope, and the fistula was dilated using a dilation balloon. After removing the guidewire, the string was grasped with forceps and pulled toward the stomach (▶ Fig. 1b). Subsequently, the proximal edge of the CSEMS was seen in the stomach (▶ Fig. 1c). After reinsertion of the guidewire into the pancreatic duct across the CSEMS, the CSEMS was removed over the guidewire through the working channel by grasping it with a snare (▶ Fig. 1d, ▶ Video 1). Finally, antegrade cleaning of the pancreatic duct using a retrieval balloon was performed, and complete resolution of the PJS was confirmed with pancreatogram. There were no adverse events, and no recurrence during follow-up.

CSEMS with a string can be removed simply through EUS-guided pancreaticogastrostomy. Antegrade placement and removal of it can be useful option for the treatment of PJS.

Endoscopy_UCTN_Code_CPL_1AK_2AG

Competing interests

None

The authors

Tadahisa Inoue, Mayu Ibusuki, Rena Kitano, Yuji Kobayashi, Kiyoaki Ito, Masashi Yoneda
Department of Gastroenterology, Aichi Medical University, Aichi, Japan
Video 1  At 3 months after endoscopic ultrasound-guided antegrade stent placement, we removed the stents. A covered self-expandable metal stent, which was placed for the pancreaticojunostomy stricture, was successfully removed using a long string, without any adverse events.

Corresponding author

Tadahisa Inoue, MD, PhD
Department of Gastroenterology, Aichi Medical University, 1-1 Yazakokarimata, Nagakute, Aichi 480-1195, Japan
Fax: +81-561-633208
tinoue-tag@umin.ac.jp

References


Bibliography

DOI https://doi.org/10.1055/a-0989-2321
Published online: 21.8.2019
Endoscopy 2020; 52: E39–E40
© 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

E40