A 67-year-old man with a 15-cm pancreatic necrotic collection was transferred to our unit after 2 months’ hospitalization for necrotizing pancreatitis. His condition was poor, with decreased mental status, high fever, neutrophilic leukocytosis (white blood cells $27.6 \times 10^9/L$, neutrophils 93.1%), and signs of sepsis ($C$-reactive protein 150.5 mg/L, procalcitonin 9.83 ng/mL).

Emergency endosonography-guided drainage using a $15 \times 10$ mm Axios stent (Boston Scientific, Marlborough, Massachusetts, USA) mounted onto a cautery device was successfully performed. During the procedure a major vessel was observed inside the collection. He was sent for embolization but angio-computed tomography revealed the vessel to be the superior mesenteric artery (SMA) and embolization prior to direct endoscopic necrosectomy (DEN) was aborted. A decision to pursue DEN was made and the Endorotor system (Interscope, Inc., Whitinsville, Massachusetts, USA) (▶Fig. 1), which allows constant endoscopic visualization during necrosectomy (▶Fig. 2), was utilized. The procedure was performed using a dedicated Endorotor XT catheter, high rotating speed (1700 rpm), and progressive increase of suction up to 60 L/min (▶Fig. 3), with careful visualization of the site at which the catheter was active (▶Video 1).

After two DEN sessions (40 and 120 minutes’ duration, respectively), without any complications, only minimal debris remained in the area proximal to the SMA. A double-pigtail stent was placed through the Axios stent and the patient was discharged home.

At 3 weeks’ follow-up, both stents were removed, and the patient remained in good clinical condition thereafter.

Endorotor is a new endoscopic rotating morcellator device, which reported successful accomplishment of DEN in two patients in whom conventional necrosectomy failed [1], and in another patient [2] with a collection containing 70% necrotic content. In our case, the Endorotor catheter performed DEN under constant endoscopic visualization, allowing successful treatment despite the presence of the SMA inside the collection.

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Competing interests

Dr. Larghi has received fees for lecture and training from Pentax Medical and Boston Scientific. He has also received research grant from Medtronic.

Prof. Costamagna is a consultant for Olympus Medical, Boston Scientific Corp., Cook Medical.

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