

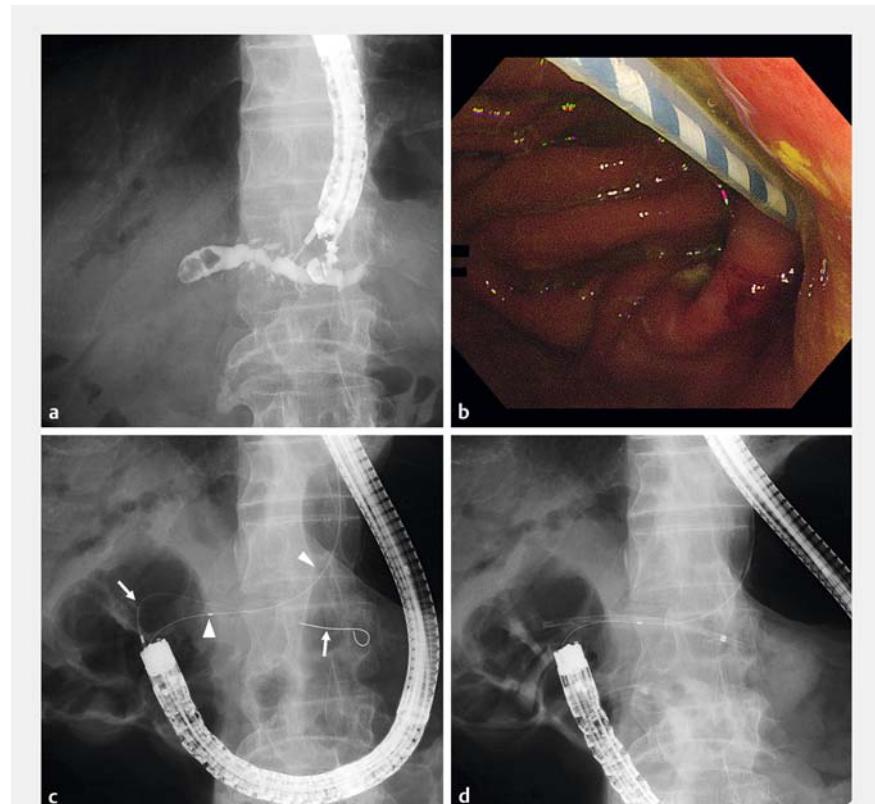
Endoscopic ultrasonography-guided hybrid rendezvous technique for pancreatic stenting in a patient with pancreateoduodenectomy



► Fig. 1 Computed tomography imaging showing obstruction of the pancreaticojejunal anastomosis with pancreatic stones (arrows).

The endoscopic ultrasonography (EUS)-guided rendezvous technique is used in patients who previously underwent a pancreateoduodenectomy. This procedure facilitates recognition of the orifice of the pancreatic duct (PD), allows for cannulation of the obstructed PD [1, 2], and can be reattempted if the guidewire is dropped. The EUS-guided hybrid rendezvous technique is reported as an advanced technique for biliary drainage [3]. Here, we report that the technique was useful for PD drainage.

A 78-year-old man with recurring pancreatitis who had undergone a pancreatecoduodenectomy for biliary cancer 17 years previously was referred to our hospital. Computed tomography imaging showed obstruction of the PD with pancreatic stones (**► Fig. 1**). Balloon enteroscopy was attempted to drain the PD; however, the orifice of the PD was not recognizable. EUS-guided treatment for the obstruction was then performed (**► Fig. 2**), and the PD was punctured transgastrically using a 19-gauge needle (EZ shot 3 Plus; Olympus Medical, Tokyo, Japan). A 0.025-inch guidewire with a cannulation catheter (PR-110Q; Olympus Medical) was advanced through the pancreaticojejunal anastomosis. The echoendoscope was switched to an enteroscope. The guidewire was brought into the ac-



► Fig. 2 **a** Pancreatography showing the obstruction of the pancreatic duct with round defects caused by the pancreatic stones. **b** The catheter over the guidewire is placed through the gastro-pancreatic fistula. **c** A guidewire (arrows) is placed in the pancreatic duct after the EUS-placed guidewire had been held in the accessory channel (arrowheads). **d** A pancreatic stent is successfully placed across the pancreaticojejunal anastomosis.

cessory channel. The EUS-placed catheter and guidewire remained in the PD while another catheter and guidewire were inserted. This second guidewire accidentally dropped out of the PD; however, the EUS-placed guidewire was regripped as it was held in the accessory channel. The pancreaticojejunal anastomosis was dilated by the balloon catheter. Another guidewire was inserted, and a 7-Fr pancreatic stent was placed across the anastomosis (**► Video 1**). The patient was discharged 6 days later without any complications. The EUS-guided hybrid rendezvous technique was effective when reattempting

the procedure after the guidewire was dropped. It also maintained scope stability by keeping hold of the guidewire, allowing PD stenting to be accomplished.

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Competing interests

The authors declare that they have no conflict of interest.



Bibliography

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