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 pancreateoduodenectomy 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 accessory 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 authors declare that they have no conflict of interest.
Video 1 A case in which the endoscopic ultrasonography-guided hybrid rendezvous technique was effective in achieving pancreatic stenting across the pancreaticojejunal anastomosis.

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