A 77-year-old woman who was unsuitable for surgery underwent endoscopic ultrasound-guided gallbladder drainage (EUS-GBD) using a lumen-apposing metal stent (LAMS) for acute cholecystitis. Her clinical history included lung adenocarcinoma and a recent development of pulmonary embolism. Chronic medication included immunotherapy and low molecular weight heparin. She was admitted again with a complaint of pain in the right hypochondrium and hyperpyrexia about 2 weeks after the procedure.

Initially, a computed tomography (CT) scan showed that the LAMS had dislodged into the gastric cavity, and an intraperitoneal fluid collection with air bubbles extended for about 35 cm between the stomach and the gallbladder (Fig. 1). EUS showed the LAMS to be in place but obstructed by food residue, which was removed with a snare (Fig. 2, Video 1).

After injection of contrast medium into the gallbladder through the stent, fluoroscopy excluded leakage (Fig. 3). A fluoroscopic image of pigtail stent placement through the LAMS is shown (Fig. 4).

Suspected dislodgment of a lumen-apposing metal stent (LAMS) was in fact an obstruction due to food impaction. After endoscopic debridement, a plastic pigtail stent was placed through the LAMS to prevent future occlusions.

plastic pigtail stent was placed through the LAMS to prevent future occlusions (▶ Fig. 4).

CT scan following contrast administration through the nasogastric tube showed outcomes of gallbladder drainage, with the LAMS in place and the distal ends of the pigtail stent in the gastric and gallbladder cavities. No leakage of contrast medium was seen.

De Vincentis Fabio. Food impaction mimicking dislodgment of LAMS... Endoscopy | © 2020. Thieme. All rights reserved.

managed with endoscopic debridement and with placement of a pigtail stent through the LAMS. Prophylactic placement of pigtail stents at the time of the initial procedure has been proposed to prevent this complication, particularly in patients where the stent is intended to remain in situ indefinitely [1].

CT scan following contrast administration through the nasogastric tube showed the lumen-apposing metal stent in place, and the distal ends of the pigtail stent in the gastric and gallbladder cavities. No leakage of contrast medium was seen.

E-Videos

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Competing interests

The authors declare that they have no conflict of interest.

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