Food impaction mimicking dislodgment of a lumen-apposing metal stent in a patient undergoing endoscopic ultrasound-guided gallbladder drainage for acute cholecystitis

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
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.

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Competing interests
The authors declare that they have no conflict of interest.

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