Percutaneous-endoscopic rendezvous via cap-assisted adult colonoscope to deal with biliary and multiple intestine strictures after total gastrectomy

A 68-year-old man was admitted with vomiting and jaundice. He had undergone total gastrectomy and Roux-en-Y jejunoojejunostomy for cardiac cancer a year earlier. Magnetic resonance imaging indicated abdominal tumor metastasis and dilatation of the intrahepatic bile ducts.

A cap-assisted adult colonoscope was used for endoscopic biliary drainage owing to abnormal anatomy. A jejunal stricture was found near the esophago-jejunostomy and a 1.5-cm-diameter balloon was applied to dilate the stricture (▶Fig.1). The colonoscope then passed through the stenosis into the duodenum. However, the papilla could not be reached because of the duodenal stricture and cannulation was not performed (▶Fig.2). Vomiting was not relieved after endoscopic dilation and a 22-mm-diameter uncovered metal stent was inserted (▶Fig.3). After 2 days, a guidewire was percutaneously inserted into the intra-hepatic bile duct and a metal stent, 8 mm in diameter and 10 cm in length, was endoscopically inserted into the bile duct across the biliary and duodenal stricture. (▶Fig.5)

▶Fig. 1 Jejunal stricture, causing vomiting, near the esophagojejunostomy.
▶Fig. 2 The papilla could not be reached by the cap-assisted adult colonoscope because of the duodenal stricture, which was confirmed after injection of contrast agent.
▶Fig. 3 An intestinal metal stent, 22 mm in diameter and 8 cm in length, was placed across the jejunal stricture.
▶Fig. 4 Cholangiography indicated significant stricture of the common bile duct.
▶Fig. 5 A metal stent, 8 mm in diameter and 10 cm in length, was endoscopically inserted into the bile duct across the biliary and duodenal stricture.

▶Video 1 Percutaneous-endoscopic rendezvous via cap-assisted adult colonoscope for endoscopic retrograde cholangiopancreatography after total gastrectomy.

E-Videos

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hepatic bile duct and on to the intestine through the papilla under X-ray guidance. The cap-assisted adult colonoscope entered the afferent limb and the guidewire was grasped by a biopsy forceps and pulled out through the endoscopy channel. Cholangiography indicated significant stricture of the common bile duct (▶ Fig. 4). A self-expandable metal stent, 8 mm in diameter and 10 cm in length was endoscopically inserted into the bile duct across the biliary and duodenal stricture, which also allowed further endoscopic interventions when needed (▶ Fig. 5). A nasobiliary tube was placed within the bile duct for better biliary drainage and the guidewire was then removed (▶ Video 1). The patient’s symptoms resolved and he was discharged after 1 week.

Balloon-assisted enteroscopy is commonly applied for endoscopic retrograde cholangiopancreatography (ERCP) in patients with total gastrectomy and Roux-en-Y jejunoojejunostomy [1]. However, special instruments and small-caliber endoscope channel limit its application [2]. In this novel approach, we applied an adult colonoscope with cap to perform ERCP, and percutaneous rendezvous was useful when the papilla could not be reached.

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Competing interests

The authors declare that they have no conflict of interest.

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