

EUS-guided hepaticoduodenostomy combined with antegrade metal stenting using an ultrathin flexible delivery system



EUS-guided hepaticogastrostomy (HGS) combined with antegrade metal stenting (AS) can achieve longer stent patency and may be associated with fewer procedure-related adverse events (AEs) compared to EUS-HGS or EUS-AS alone [1–3]. However, EUS-guided hepaticoduodenostomy (HDS) with AS remains challenging [4]. Because the angle between the right hepatic bile duct and inserted device is typically extremely acute, antegrade insertion of hard and thick devices, such as a metal stent, is often extremely challenging. Here, we report a successful case of EUS-HDS with AS using a metal stent with 5.4-Fr ultra-thin flexible delivery system and a dedicated plastic stent.

An 84-year-old woman with a history of left lobectomy for liver metastasis of colonic cancer developed jaundice as a result of distal biliary obstruction owing to recurrence (► **Fig. 1**). Because endoscopic retrograde cholangiopancreatography (ERCP) had failed, owing to duodenal invasion, EUS-guided drainage was attempted. The right intrahepatic bile duct was punctured using a 19-gauge needle, and a 0.025-inch guidewire was inserted into the bile duct, followed by a tapered catheter. Subsequently, the guidewire traversed the stricture and advanced into the duodenum, and the fistula was dilated using a 4-mm balloon catheter (Kaneka Medix, Osaka, Japan). A novel metal stent with a 5.4-Fr delivery system (8×80 mm; Zeo Stent V; Zeon Medical, Tokyo, Japan), which is commercially available in Japan, was subsequently inserted and placed antegrade across the stricture. Finally, a 7-Fr dedicated single-pigtail plastic stent (Gadelius Medical, Tokyo, Japan), originally designed for EUS-HGS [5], was placed from the hepatic duct to the stomach (► **Fig. 2** and ► **Video 1**). The obstructive jaundice improved post-operatively, without any AEs.

The ultrathin flexible metal stent delivery system may facilitate AS through EUS-HDS. This procedure may be a useful option for treating malignant biliary obstruction in patients with failed ERCP who require an approach via the right intrahepatic bile duct.

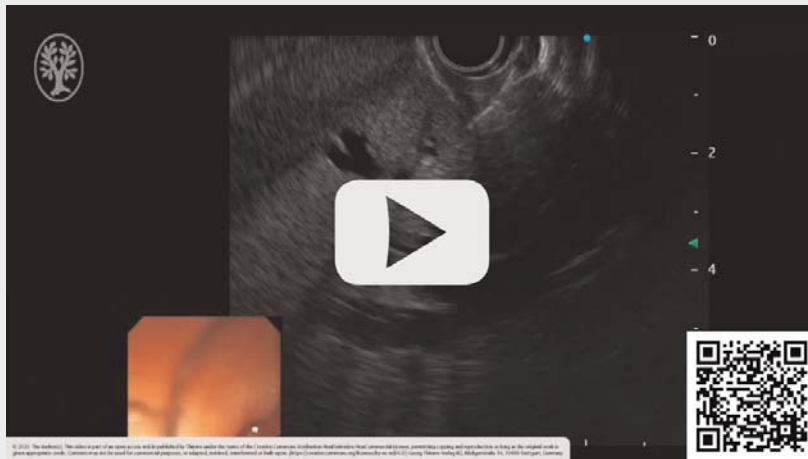


► **Fig. 1** Abdominal computed tomography revealed the right intrahepatic bile duct dilatation, without the left lobe.



► **Fig. 2** **a** The angle between the right hepatic bile duct and puncture route was extremely acute. **b** A 5.4-Fr ultrathin flexible delivery system was inserted into the bile duct. **c** The metal stent was placed antegrade across the bile duct stricture. **d** A dedicated single-pigtail stent was placed from the hepatic duct to the stomach.

VIDEO



▶ **Video 1** EUS-guided hepaticoduodenostomy with antegrade metal stenting using a metal stent with 5.4-Fr ultra-thin flexible delivery system and a dedicated plastic stent.

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Competing interests

The authors declare that they have no conflict of interest.

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