Elective endoscopic gallbladder treatment in patient with recurrent gallbladder colic and high surgical risk

An 80-year-old woman presented with a 1-year history of recurrent right upper quadrant colicky pain. Her medical history included abdominal surgery, ischemic stroke with impaired mobility, and obesity (body mass index >30.1 kg/cm²). Transabdominal ultrasound showed distended gallbladder with thickened walls and two large stones (4 cm and 3 cm). Endoscopic ultrasound-guided gallbladder drainage (EUS-GBD) followed by intracholecystic lithotripsy was offered as a minimally invasive treatment alternative to surgery and scheduled for 2 weeks later.

EUS examination confirmed gallbladder wall thickening and two large stones (▶Video 1). Transduodenal EUS-GBD using a 15×10 mm AXIOS stent (Boston Scientific, Marlborough, Massachusetts, USA) mounted onto a cautery device was successfully performed (▶Fig. 1).

After 48 hours, the central stent was dilated up to 15 mm and the gallbladder lumen accessed with a gastroscope. After adequate water irrigation, holmium laser lithotripsy with variable pulse power and frequencies was performed [1], and fragmented stones were flushed out or removed using a Dormia basket or Roth net until complete gallbladder clearance was achieved (▶Fig. 2). No adverse events occurred and the patient was discharged.

Outpatient cholecystoscopy 2 weeks later revealed complete gallbladder clearance. The stent was removed using a grasping forceps (▶Fig. 3) and exchanged for two double-pigtail stents (7 Fr, 4 cm), which were left in place (▶Fig. 4).

Elective endoscopic gallbladder treatment has been described previously in five relatively young patients with a mean age of 50 years and giant gallbladder stones (>5 cm) [2–5]. In the present case, EUS-GBD was performed successfully in a high-risk patient, and the procedure was well tolerated with complete gallbladder clearance. The use of holmium laser lithotripsy for fragmentation of large gallstones allowed for safe and effective removal of stones using conventional endoscopic techniques. The prolonged stenting period (up to 2 weeks) in this case ensured adequate drainage and stone clearance, minimizing the risk of complications such as cholecystitis or cholangitis. The patient was discharged without further intervention, and outpatient follow-up confirmed complete resolution of symptoms and successful treatment.
stones, who rejected surgery and desired gallbladder preservation [2]. With an aging population, the number of elderly frail individuals at high surgical risk and gallstone disease requiring surgical intervention is expected to increase [3], and elective endoscopic gallbladder treatment may be a valid alternative treatment option in such patients.

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Competing interests

Dr. Larghi is a consultant for Boston Scientific Corp. and Pentax Medical. He has also received research support from Medtronic. All other authors declare that they have no conflict of interest.

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References


Bibliography

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▶ Fig. 4 Endoscopic view of the two double-pigtail stents placed from the stomach into the gallbladder through the fistulous tract.