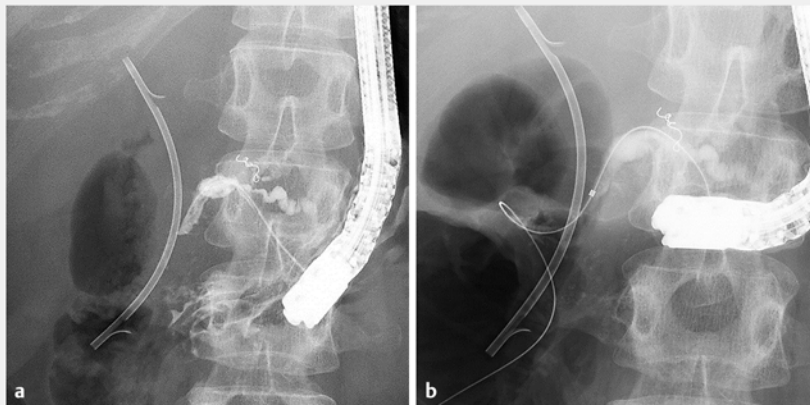
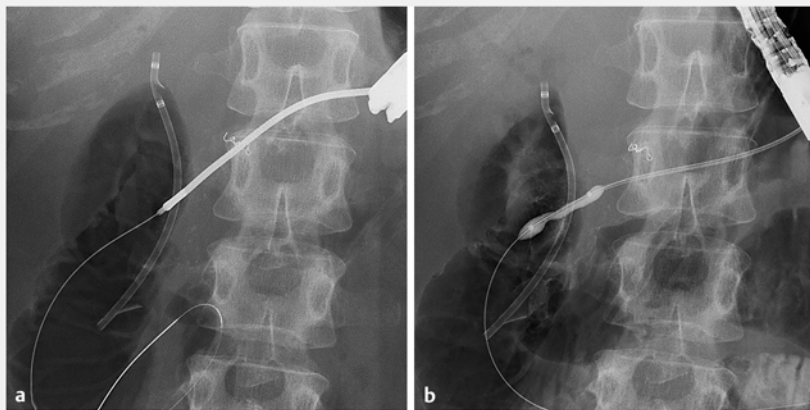


Pancreatic duct stenting using an endoscopic ultrasound-guided intrapancreatic duct rendezvous technique



► **Fig. 1** Guidewire placement. **a** The pancreatic duct was cannulated through the fistula created via the endoscopic ultrasound-guided pancreatic duct drainage. **b** The guidewire passed through the pancreatic duct stricture and was placed in the duodenum via the minor papilla.



► **Fig. 2** The pancreatic stricture was dilated using the dilators via the fistula of endoscopic ultrasound-guided pancreatic duct drainage. **a** 7-Fr stent retriever. **b** 6-mm balloon catheter.



► **Fig. 3** The plastic stent could only be inserted halfway through the stricture and could not be placed across the minor papilla.

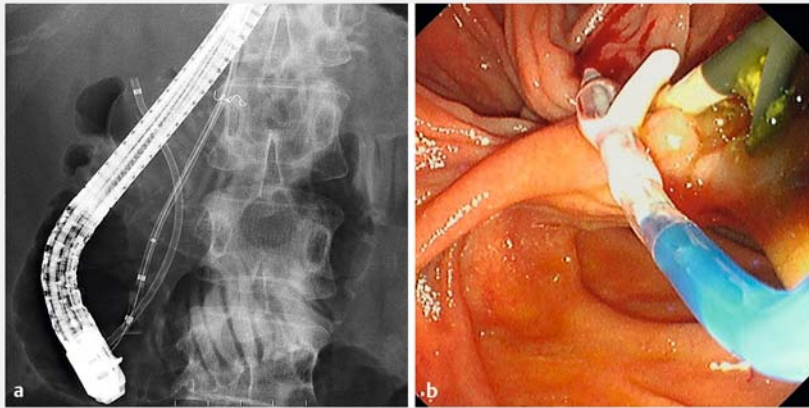


► **Fig. 4** The pancreatic duct was cannulated via the minor papilla, and the guidewire was inserted into the stent lumen, which was placed via the fistula in an antegrade manner.

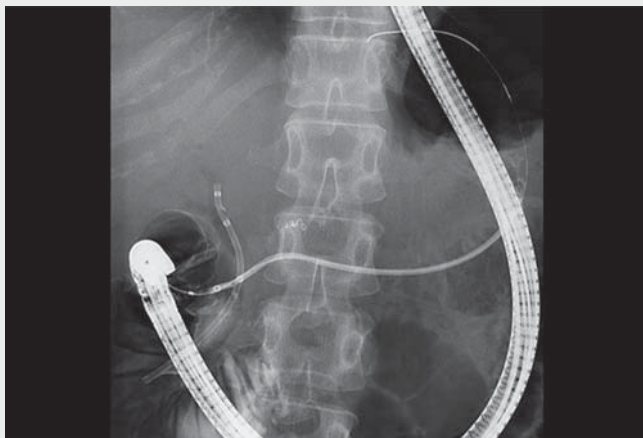
A patient was admitted for pancreatic stenting for pancreatic duct stricture due to chronic pancreatitis. However, transpapillary stenting failed because a guidewire could not pass the severe stricture in the pancreatic head. Therefore, endoscopic ultrasound-guided pancreatic duct drainage (EUS-PD) was conducted by puncture from the stomach,

and a plastic stent was placed on the caudal side of the stricture [1,2]. Following EUS-PD fistula creation, the pancreatic duct was cannulated through the fistula (► **Fig. 1 a**), and the guidewire passed through the stricture and was placed in the duodenum via the minor papilla (► **Fig. 1 b**). The endoscope was withdrawn leaving the guidewire in

place, followed by duodenoscope insertion into the duodenum. Pancreatic duct cannulation and endoscopic pancreatic sphincterotomy were performed using a rendezvous technique [3]; however, the cannula and dilators could not pass the stricture. Therefore, we again switched to the procedure via the EUS-PD fistula, and a 7-Fr stent retriever allowed the



► **Fig. 5** The plastic stent was successfully placed across the minor papilla by pulling the balloon catheter inflated within the stent. **a** Fluoroscopic view. **b** Endoscopic view.



► **Video 1** Pancreatic duct stenting using an endoscopic ultrasound-guided intrapancreatic duct rendezvous technique.

breakthrough of the stricture [4] (► **Fig. 2a**), followed by dilation of the stricture with a 6-mm balloon catheter (► **Fig. 2b**). However, the plastic stent (7 Fr; SUZAKU, Kaneka Medics, Tokyo, Japan) could only be inserted to the midpoint of the stricture (► **Fig. 3**). Therefore, the pancreatic duct was cannulated via the minor papilla, and the guidewire was inserted into the stent lumen (► **Fig. 4**). Subsequently, a thin-tipped balloon catheter (4 mm; REN; Kaneka Medics) was inserted into the stent over the guidewire, and the balloon was inflated. Finally, the balloon catheter was pulled, and the stent was successfully placed across the minor papilla (► **Fig. 5a,b**).

Stent insertion might fail owing to difficulty in advancing the stent through a severe stricture in EUS-guided antegrade stenting [5]. In such a situation, the abovementioned intrapancreatic duct rendezvous technique can be useful (► **Video 1**).

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Competing interests

The authors declare that they have no conflict of interest.

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Bibliography

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