Successful detection of choledochojjunal and pancreaticojjunal anastomotic strictures using a novel form of texture and color enhancement imaging

Although the effectiveness of image-enhanced endoscopy (IEE) has been widely reported in the management of gastrointestinal tract lesions [1], its effectiveness in the pancreaticobiliary region is not yet established. Recently, a novel IEE tool called texture and color enhancement imaging (TXI; Olympus, Tokyo, Japan) has been launched; TXI has two modes: mode 1, which enhances brightness, texture, and color contrast; and mode 2, which enhances brightness and texture [2]. Herein, we report two cases in which we successfully detected the sites of choledochojjunal and pancreaticojjunal anastomotic strictures using TXI (▶Video 1).

A 76-year-old woman underwent endoscopic retrograde cholangiopancreatography using balloon-assisted enteroscopy (BE-ERCP) for cholangitis with intrahepatic stones due to a choledochojjunal anastomotic stricture after living-donor liver transplantation with Roux-en-Y reconstruction (▶Fig. 1). We successfully reached the end of the Roux limb; however, we could not detect the anastomosis under white-light imaging (WLI) because of the obstruction at the anastomotic site. While observing the afferent limb under TXI, we noticed a subtle whitish scar, suggestive of the choledochojjunal anastomotic stricture (▶Fig. 2). Biliary intervention was attempted at this site, and the intrahepatic bile duct stones were completely removed after balloon dilation of the choledochojjunal anastomotic stricture.

▶Video 1 Texture and color enhancement imaging (TXI) is used to assist in detecting the sites of choledochojjunal and pancreaticojjunal anastomotic strictures, with the algorithm improving visualization of the endoscopic features by amplifying the visibility of subtle structural changes.

▶Fig. 1 Computed tomography and magnetic resonance cholangiopancreatography images of a choledochojjunal anastomotic stricture in a patient who had undergone liver transplantation.

▶Fig. 2 Balloon enteroscopy image with texture and color enhancement imaging (TXI) of the choledochojjunal anastomotic stricture (arrow).

▶Fig. 3 Magnetic resonance cholangiopancreatography image of pancreaticojjunal anastomotic stricture in a patient who had undergone pancreaticoduodenectomy.
A 61-year-old man underwent BE-ERCP for pancreatitis due to a pancreaticojejunostomal stricture after pancreatoduodenectomy (▶ Fig. 3). We reached the end of the Roux-en-Y limb and detected a reddish scar under WLI (▶ Fig. 4); however, a distinct hole was observed in the scarred tissue under TXI that we reliably identified as the pancreaticojejunal anastomotic stricture. After performing balloon dilation of the pancreaticojejunal anastomotic stricture, we were finally able to successfully place a 7-Fr plastic stent into the pancreatic duct.

Choledochojejunal and pancreaticojejunal anastomotic strictures are delayed complications following hepaticopancreatobiliary surgery. Although BE-ERCP has been widely performed to treat such strictures [3], detecting the anastomotic site is sometimes challenging [4, 5]. TXI is a useful IEE method to detect choledochojejunal and pancreaticojejunal anastomotic strictures.

Endoscopy_UCTN_Code_CCL_1AZ_2AZ

Competing interests

A. Katanuma has received lecture fees from Olympus Co., Tokyo, Japan. T. Ishii, K. Iwano, T. Kin, R. Nakamura, K. Takahashi, and H. Toyonaga declare that they have no conflicts of interest.

The authors

Haruka Toyonaga Toshifumi Kin, Risa Nakamura, Tatsuya Ishii Kosuke Iwano, Kuniyuki Takahashi, Akio Katanuma
Center for Gastroenterology, Teine Keijinkai Hospital, Hokkaido, Japan

Corresponding author

Haruka Toyonaga, MD
Center for Gastroenterology, Teine-keijinkai Hospital, 1-40-1-12 Maeda, Teine-ku, Sapporo 006-8555, Japan
toyonaga.pc@gmail.com

References


Bibliography

Endoscopy
DOI 10.1055/a-1899-8569
ISSN 0013-726X
published online 2022
© 2022. The Author(s).
This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (https://creativecommons.org/licenses/by-nc-nd/4.0/)
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is an open access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos