Successful retrieval of a lumen-apposing metal stent that had completely migrated into the cavity of a walled-off necrosis

Endoscopic ultrasonography (EUS)-guided transgastric drainage of pancreatic fluid collections (PFCs) using a lumen-apposing metal stent (LAMS) is an effective treatment for walled-off necrosis (WON) [1–3]. However, misdeployment can occur, which is a severe adverse event [4, 5]. EUS-guided transgastric drainage with a LAMS was performed in a 29-year-old woman, for a WON induced by severe idiopathic acute pancreatitis (**Fig. 1**). A convex-type echoendoscope (EG-580UT; Fujifilm, Tokyo, Japan) and a 20-mm LAMS (Hot AXIOS; Boston Scientific, Marlborough, Massachusetts, USA) were used. The delivery system of the LAMS was successfully inserted into the cavity of the WON. However, the LAMS migrated into the WON during deployment: after intrachannel deployment, the LAMS was pushed out from the echoendoscope, but because the distance between the echoendoscope and gastric wall was not recognized, the LAMS moved into the WON cavity. EUS revealed that the LAMS was floating in the WON cavity (**Fig. 2**). An additional LAMS was successfully placed in order to remove the migrated LAMS. After balloon dilation (GIGA 14–16-mm; Century Medical Devices, Tokyo, Japan) of the LAMS, a 9.8-mm-diameter forward-viewing endoscope (EG-580RD; Fujifilm) was inserted into the WON cavity through this additional LAMS and the migrated LAMS was observed (**Fig. 3**). The migrated LAMS was successfully retrieved through the scope by using a snare to grasp the center of the saddle part, without any adverse event (**Video 1**).

The use of an additional LAMS was an effective salvage procedure to endoscopically remove a LAMS that had migrated into a WON cavity during an EUS-guided attempt at transgastric drainage of the WON.

Competing interests

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