A 75-year-old man was referred for management of a hepaticojejunostomy (HJS) stricture following HJS performed for a bile duct injury during cholecystectomy 3 months prior. A short-type double-balloon enteroscopy (DBE) was attempted but was unsuccessful due to inability to reach the HJS. Endoscopic ultrasound (EUS)-guided transduodenal endoscopic retrograde cholangiopancreatography (ERCP) for management of the HJS stricture was planned [1].

An EUS-guided duodenum–afferent limb bypass was first performed with a lumen-apposing metal stent (LAMS) between the duodenum and the afferent limb (▶Fig. 1). On EUS, the afferent limb was identified from the duodenum and punctured with a 19G FNA needle (EZshot 3; Olympus Medical, Tokyo, Japan) (▶Video 1). The afferent limb was distended by infusion of 500 ml of normal saline mixed with indigo-carmine and contrast medium. Over a 0.025-inch guidewire, the delivery system of the cautery-enhanced LAMS delivery system (Hanarostent Z-EUS IT; M.I. Tech, Gyeonggi-do, South Korea) was inserted and a 16×20-mm stent was deployed into the afferent limb (▶Fig. 2, ▶Fig. 3) [2]. ERCP was subsequently performed after 3 days with a dual-channel endoscope inserted into the afferent limb via the LAMS. The HJS (▶Fig. 4) was dilated with a 6-mm biliary balloon (Hurricane Biliary RX; Boston Scientific, Marlborough, Massachusetts, USA). Two plastic stents were inserted into bilateral intrahepatic ducts. The patient was discharged on post-procedure day 2. No other complications or unplanned procedure occurred on follow-up. The patient underwent stent exchange at 6 months. No residual stricture was evident on cholangiogram at 9 months post-procedure. The HJS stricture occurs in up to 12.5% of patients at 2 years post hepatico-jejunostomy [3]. In this patient with an HJS stricture after Roux-en-Y HJS, EUS-guided duodenum–afferent limb bypass was successful for access to the HJS for ERCP after failed DBE-assisted ERCP.
Conflict of Interest

Prof. Anthony Y.B. Teoh is a consultant for Boston Scientific, Cook, Taewoong, Microtech and MI Tech Medical Corporations. Other authors do not have any conflicts of interest to disclose.

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