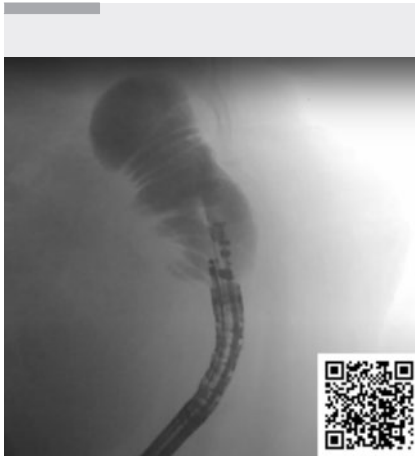


Endoscopic ultrasound-guided palliative enterocolostomy via lumen-apposing metal stent in the setting of ascites and Roux-en-Y gastric bypass

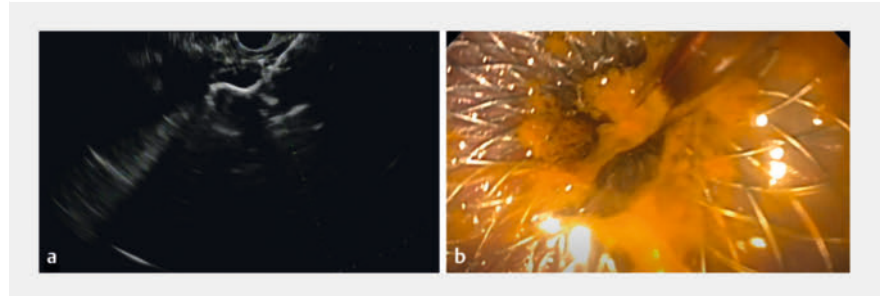


► **Video 1** A patient with Roux-en-Y gastric bypass and metastatic adenocarcinoma of unknown primary complicated by malignant ascites was admitted for distal small-bowel obstruction. Endoscopic ultrasound-guided enterocolostomy was successfully performed after therapeutic paracentesis.



► **Fig. 1** Descending colon in proximity to the jejunum (arrow).

Endoscopic ultrasound-guided enterocolostomy (EUS-EC) has recently been shown to be a novel technique for palliation of malignant, distal, small-bowel ob-



► **Fig. 2** Deployment of the lumen-apposing metal stent (AXIOS; Boston Scientific, Marlborough, Massachusetts, USA). **a** Endoscopic ultrasound deployment of the stent. **b** Endoscopic view of the deployed stent.

struction [1]. We present a case in which EUS-EC was successfully created via a lumen-apposing metal stent (LAMS) as an alternative to standard interventions for palliative decompression.

A 44-year-old woman with previous history of Roux-en-Y gastric bypass and recently diagnosed stage IV adenocarcinoma of unknown primary was admitted for small-bowel obstruction secondary to peritoneal carcinomatosis (► **Video 1**). The patient was a poor candidate for standard palliative interventions (i.e. decompressive gastrostomy) owing to peritoneal disease, ascites, and Roux-en-Y gastric bypass surgical anatomy.

Computed tomography on admission showed the descending colon to be in proximity to the distended small bowel (► **Fig. 1**). This was confirmed with lower EUS; however, the initial window was sub-optimal due to the presence of ascites. The decision was made to perform a paracentesis the day of repeat procedure. Repeat lower EUS then demonstrated large and proximal small bowel in close apposition. After identifying the target small bowel, a 19-gauge needle was used for transluminal injection of contrast and a small-bowel enterogram was obtained. A cautery-enhanced LAMS (20×10 mm AXIOS Stent with Electrocautery Enhanced Delivery System; Boston Scien-

tific, Marlborough, Massachusetts, USA) was deployed under EUS and fluoroscopic guidance for the creation of an enterocolonic anastomosis (► **Fig. 2**). The stent was appropriately positioned and small-bowel succus was observed flowing from the stent. The patient was treated with broad-spectrum antibiotics during the peri-procedural period.

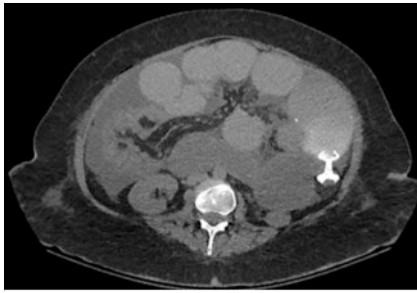
The patient experienced immediate relief of obstructive symptoms. Appropriate positioning of the stent was confirmed by computed tomography and her diet slowly advanced to full liquids (► **Fig. 3**).

EUS-EC is an alternative intervention for the palliation of malignant small-bowel obstruction in selected patients, offering the possibility of symptomatic relief and oral nutrition.

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Conflict of Interest

J.D. Morris is a consultant for Boston Scientific. J. DuBroff and D. Ramai declare that they have no conflict of interest.



► **Fig. 3** Computer tomography scan showing correct positioning of the lumen-apposing metal stent (AXIOS; Boston Scientific, Marlborough, Massachusetts, USA).

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