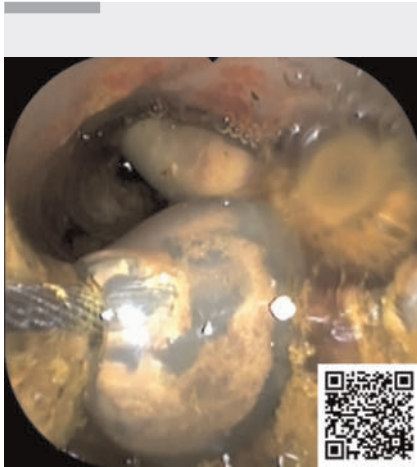
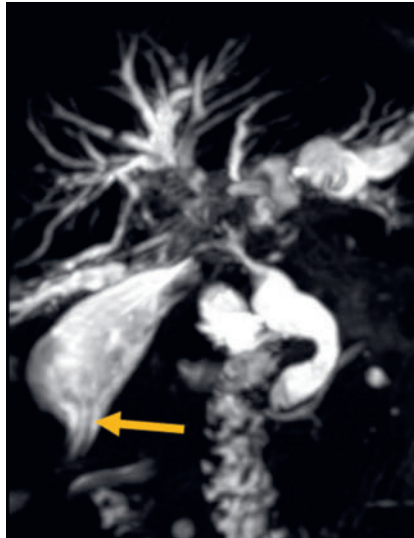


A case of special basket impaction removal during endoscopic retrograde cholangiopancreatography using biopsy forceps under choledochoscope

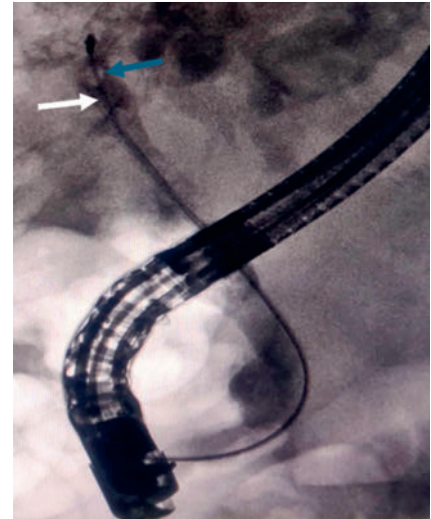
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▶ **Video 1** A case of special basket impaction removal during endoscopic retrograde cholangiopancreatography using biopsy forceps under choledochoscope.

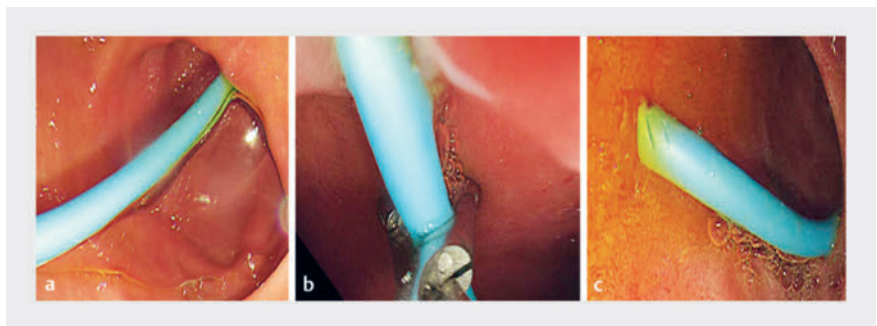


▶ **Fig. 1** Preoperative magnetic resonance cholangiopancreatography (MRCP) revealed the shadow of the internal duct associated with the gallbladder (indicated by the yellow arrow).



▶ **Fig. 2** X-ray imaging revealed the impaction of the basket (indicated by the white arrow), along with the cross-section of a drainage catheter (indicated by the blue arrow).

A 72-year-old man who presented with fever, chills, abdominal pain, and jaundice was admitted to the hospital. He had a history of bile duct cancer and underwent laparoscopic gallbladder-jejunostomy for biliary obstruction two years ago. Two ventricular drainage catheters with a diameter of 12Fr were placed through the gallbladder into the right and left intrahepatic bile ducts. Preoperative magnetic resonance cholangiopancreatography (MRCP) revealed there were filling defects in the common hepatic duct and the upper end of the common bile duct, suspected to be stones, and the catheterization shadows from the gallbladder to the common bile duct were observable (▶ **Fig. 1**). The decision to perform endoscopic retrograde cholangiopancreatography (ERCP) for stone removal was made after a multidisciplinary discussion. During the stone extraction process, it was observed that the basket (FG-V432P; Olympus, Tokyo, Japan) was impacted by the drainage catheter (▶ **Fig. 2**). Follow-



▶ **Fig. 3** a Gastroscopy revealed that the nasal bile duct was not displaced. b The nasal bile duct was subsequently severed. c The bile drainage remained unobstructed.

ing exploration with a choledochoscope (M00546600; Boston Scientific, Marlborough, Massachusetts, USA), we used biopsy forceps (M00546470; Boston Scientific) to gradually sever the drainage catheter, successfully resolving the impaction (▶ **Video 1**). Subsequently, a nasal biliary catheter (L14725D; Leo Medical Co., Ltd., Changzhou, China) was inserted into the left intrahepatic bile

duct to drain the bile and contrast medium. Four days post-operation, during gastroscopy, the nasal biliary catheter was transected at the duodenal bulb using an endoscopic scissor (JHY-FG-23-230-A6; Jiahong Medical, Changzhou, China), converting its remainder into a stent. Bile drainage proceeded smoothly thereafter (▶ **Fig. 3**).

Currently, in contrast to stone-related impaction, those associated with drainage catheters cannot be resolved using choledochoscope laser lithotripsy or extracorporeal shock wave lithotripsy (ESWL) [1,2]. The application of argon plasma coagulation (APC) for cutting the basket may lead to electrical burns, whereas surgical intervention tends to be more traumatic [3]. In this case, we cut off the drainage catheter under choledochoscope by using biopsy forceps, successfully released the impaction, and retrieved the basket without any adverse events. This may be an effective measure for drainage catheter-related impaction.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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