Transnasal endoscopy to facilitate nasobiliary tube placement: a simple and safe technique to avoid injury to the endoscopist

An 83-year-old woman on long-term warfarin therapy was recently diagnosed with pancreatic head cancer. Because of worsening jaundice and acute abdominal pain, a computed tomography (CT) scan was performed, which showed hemobilia and biliary obstruction. Endoscopic retrograde cholangiopancreatography (ERCP) using moderate sedation showed blood emanating from the papillary orifice. Cholangiography showed a distal biliary stricture and filling defects consistent with clots. An expandable biliary stent was placed but without ensuing biliary drainage due to clots. A nasobiliary tube was placed intrahepatically but the transfer tube could not be introduced into either nare. A 5.4-mm endoscope (Olympus GIF XP-160, Olympus, Center Valley, Pennsylvania, USA) was passed transnasally to just above the epiglottis, retroflexed, and passed alongside the orally placed nasobiliary tube out of the patient’s mouth (Video 1).

A pediatric stone retrieval basket was used to grasp the proximal end of the nasobiliary tube (Video 1). The endoscope and tube were withdrawn from the patient without difficulty. Minimal self-limited nasal bleeding occurred.

Transnasal endoscopy for nasobiliary tube transfer is useful for rare instances when the transfer tube cannot be passed into the nares. More importantly, it avoids the potential for endoscopist injury.

Competing interests: None

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References

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