A significant number of self-expanding metal stents (SEMSs) placed as conservative therapy for malignant biliary obstruction will become occluded [1]. Stent occlusion can be treated endoscopically either by balloon trawling to remove the biliary sludge and debris or by inserting a polyethylene stent or a second stent through the occluded stent [2]. However, these treatments can be given only after a guide wire is passed through the lumen of the stent into the bile duct beyond [1], and not infrequently during endoscopic retrograde cholangiopancreatography (ERCP), a guide wire accidentally passes through the mesh of an uncovered metal stent, which may result in prolongation of the ERCP procedure or fluoroscopy.

Here, we present a simple method that avoids guide wires being unintentionally passed through the stent mesh: the “U-wire” technique. About 2–3 cm of the guide wire is first passed out of the sphincterotome, and biliary cannulation is then completed with the sphincterotome (Fig. 1a). The tip of the wire remains outside the papilla and the body of the wire is advanced into the lumen of the stent along with the sphincterotome. The wire is therefore formed into a “U” shape in the occluded stent and as a result, it can be easily passed through the lumen of the stent without the tip of the wire passing through the mesh (Fig. 1b–d). This U-wire cannulation method is an extremely effective and simple technique that avoids the risk of accidental passage of a guide wire through the mesh of a metal stent.

Endoscopy_UCTN_Code_TTT_1AR_2AZ

Competing interests: None

F. Liu1, J. Y. Zhu2, Z. S. Li1
1 Department of Gastroenterology, Changhai Hospital, Second Military Medical University, Shanghai, China
2 Department of Gastroenterology, Jinan Central Hospital, Shandong Province, China

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0031-1291672
Endoscopy 2012; 44: E116
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
F. Liu, MD
Department of Gastroenterology
Changhai Hospital, Second Military Medical University
168 Changhai Road
Shanghai
China
Fax: +86-21-55621735
drluffeng@hotmail.com

Fig. 1 Endoscopic and radiographic views of the U-shaped guide wire technique for passage of a guide wire through an occluded uncovered metal stent. a Endoscopic view of the U-shaped guide wire positioned at the end of the metal stent. b Radiographic image of the U-shaped tip of the wire at the distal end (nearest the ampulla) of the metal stent (white arrow). c Radiographic image of the U-shaped wire in the lumen of the metal stent (white arrow). d Radiographic image of the guide wire after it has been passed through the stent lumen into the proximal bile duct.