Closure with an over-the-scope clip allows therapeutic ERCP to be safely performed after acute duodenal perforation during diagnostic endoscopic ultrasound

The use of endoscopic ultrasound (EUS) before endoscopic retrograde cholangiography (ERC), if performed, can prevent two-thirds of unnecessary ERC procedures [1]. Duodenal perforation during diagnostic EUS occurs with an incidence of less than 1% [2]. When perforation does occur, surgical or conservative management is possible. Surgery permits simultaneous biliary drainage (terotomy was performed to re-establish the biliary fistula in both patients) and sealing the perforation with aspirated greater omentum: a patient #1; b patient #2.

In each case after the perforation had been successfully closed, endoscopic sphincterotomy was performed immediately afterwards.

In conclusion, an OTSC is a reliable device in the treatment of acute accidental gastrointestinal perforation during EUS, which allows therapeutic ERC to be performed immediately afterwards.

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Fig. 2a, b, c See following page.

Fig. 1 Endoscopic views showing the over-the-scope clip (OTSC) following its release, successfully closing the perforation with aspirated greater omentum: a patient #1; b patient #2.
Fig. 2 Radiographic views showing: a the over-the-scope clip (OTSC) in place with a small pneumoperitoneum visible; b the appearance after through-the-scope injection of contrast medium with no leakage of contrast, confirming a watertight outcome following placement of the OTSC; c therapeutic endoscopic retrograde cholangiography (ERC) being performed following closure with an OTSC of the acute duodenal perforation that occurred during diagnostic endoscopic ultrasound (EUS).