Endoscopic retrieval of a proximally migrated biliary plastic stent using a guidewire loop technique

A 65-year-old woman visited our institution because of acute cholangitis. She had undergone cholecystectomy 2 years before this admission. Physical examination revealed fever, jaundice, and mild tenderness over the right upper quadrant. Murphy’s sign was negative. Laboratory studies demonstrated a white blood cell count of 23,000/μL (normal, 4500–10,000/μL), and a total bilirubin concentration of 2.7 mg/dL (normal, 0.2–1.2 mg/dL). The patient underwent emergent endoscopic retrograde cholangiopancreatography (ERCP) for biliary decompression. The ERCP image revealed common bile duct (CBD) dilatation with small filling defects in the distal CBD. A 7-cm, 7-Fr biliary stent was inserted. However, 2 months after the initial ERCP, the patient presented at the emergency department with fever and abdominal pain. Contrast-enhanced computed tomography of the abdomen revealed that the biliary stent had migrated proximally into the CBD (Fig. 1). A second ERCP was undertaken to retrieve the migrated stent. A retrieval basket (FG-23Q-1; Olympus Medical Systems Corporation, Tokyo, Japan) grasping the distal end of a 0.035-inch straight guidewire (Jagwire; Boston Scientific Corporation, Natick, MA, USA) was used to retrieve the migrated stent (Fig. 2). After successful biliary cannulation, the guidewire was slightly pushed forward to form a loop within the CBD (Fig. 3). By simultaneously pulling the retrieval basket and the guidewire backward, the distal side flap of the biliary stent was caught by the guidewire loop and the stent was successfully retrieved.

Competing interests: None

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