Complication of endoscopic papillary large-balloon dilation using double-balloon endoscopy for biliary stones in a postoperative patient

Recently, extraction of stones by endoscopic papillary large-balloon dilation (EPLBD) using CRE balloons (Boston Scientific Japan, Tokyo, Japan; 5.5 cm long, 10 – 12, 12 – 15, and 15 – 18 mm in diameter) has been shown to be an effective modality, which is being widely used in difficult situations for patients with normal anatomy [1,2]; however, few papers have reported on the use of EPLBD in patients with altered gastrointestinal anatomy [3 – 5], and fewer still on its complications. In the present report, we describe a rare and instructive adverse event that was encountered during the procedure and was recorded on video as it occurred. These recordings show the development of an iatrogenic fistula.

A 71-year-old man with a history of gastric ulceration who had undergone a Billroth II gastrectomy 45 years previously was admitted with jaundice and acute cholangitis. He was referred for stone extraction using endoscopic retrograde cholangiopancreatography (ERCP) using a short-type double-balloon endoscope (DBE; EI-530B, Fujifilm, Osaka, Japan). The DBE advanced smoothly to the blind end and deep cannulation was successful (Video 1). The cholangiogram revealed large biliary stones in the lower biliary duct. Therefore stone extraction was planned in combination with endoscopic sphincterotomy and EPLBD. After we had inserted a 0.035-inch guidewire (Jagwire; Boston Scientific Japan, Tokyo, Japan), a limited endoscopic sphincterotomy, involving one-third of the maximum incision of the papillary mound, was performed using a standard pull-type papillotome.

Endoscopic papillary large-balloon dilation (EPLBD) was performed slowly until the notch disappeared under fluoroscopy guidance. While we were performing endoscopic papillary large-balloon dilation (EPLBD), an iatrogenic fistula developed due to a stone that was jutting out from the papillary mound.

The procedure was completed by placement of an endoscopic biliary drain and a nasal biliary drain.

Competing interests: None

References

Bibliography
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