Successful endoscopic dilation of severe bilioenteric strictures with a wire-guided diathermic dilator and short-type single-balloon enteroscope

A guidewire was placed in a hepatic duct, and the anastomotic stricture was electrically dilated with a 6-Fr Cysto-Gastro-Set. After the dilation procedure, an imaging catheter could be passed through the stricture. The anastomosis was dilated with a 6.8-Fr Quantum TTC Biliary Balloon Dilator 6 mm in diameter (QBD-6X3; Cook Medical), after which the cholangitis decreased. There were no adverse events.

In patients who undergo balloon enteroscopy-assisted ERCP for hepaticojejunostomy strictures, a tangential approach to the stricture site is often used. When a needle-knife is used, it is difficult to perform coaxial dilation from a tangential approach; this technique has caused anastomotic perforation and so is not considered optimal. We therefore use a 6-Fr Cysto-Gastro-Set for the endoscopic dilation of anastomotic strictures, which facilitates dilation along the same axis as the guidewire. Our results suggest that a 6-Fr wire-guided diathermic dilator may be useful for anastomotic dilation in patients with severe hepaticojejunostomy strictures.

Endoscopy_UCTN_Code_TTT_1AR_2AG

Competing interests: None

References
5 Kawakami H, Kuwatani M, Kawakubo K et al. Transpapillary dilation of refractory severe biliary stricture or main pancreatic duct by using a wire-guided diathermic dilator (with video). Gastrointest Endosc 2014; 79: 338–343

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1391240
Endoscopy 2015; 47: E94–E95
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Hiroshi Yamauchi, MD
Department of Gastroenterology
Kitasato University East Hospital
2-1-1 Asamizodai, Minami-ku, Sagamihara
Kanagawa 252-0380
Japan
Fax: +81-42-749-8690
yhiroshi@kitasato-u.ac.jp