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 6mm in diameter (QBD-6X3; Cook Medical, Kanagawa, Japan) was used to perform 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.

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Competing interests: None

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