Endoscopic ultrasound-guided drainage and necrosectomy of walled-off pancreatic necrosis using a metal stent with an electrocautery-enhanced delivery system and hydrogen peroxide

Direct endoscopic necrosectomy of walled-off pancreatic necrosis (WOPN) has recently been reported to have comparable success rates to surgery, but with lower morbidity and mortality [1,2]. The procedure is, however, time consuming and requires multiple device exchanges [3], which may increase the risk of complications.

A novel, dedicated device, the Hot AXIOS (Xlumena Inc., Mountain View, California, USA) (Fig. 1), has recently become available. This consists of a large-diameter, fully covered self-expanding metal stent (FCSEMS) delivery system with an electrocautery blade at its distal tip. The Hot AXIOS system allows a cysto-teric fistula to be created and the FCSEMS (bottom right) to be delivered without the need for device exchange. (Image courtesy of Xlumena Inc., Mountain View, California, USA.)

Fig. 1 A novel through-the-scope, fully covered, self-expanding metal stent (FCSEMS) delivery system with an electrocautery blade at the distal tip. The Hot AXIOS system allows a cysto-teric fistula to be created and the FCSEMS (bottom right) to be delivered without the need for device exchange. (Image courtesy of Xlumena Inc., Mountain View, California, USA.)

Fig. 2 Endoscopic ultrasound (EUS) image of the distal flange of the self-expanding metal stent being released under EUS guidance.

The cavity, and place a 15-mm × 10-mm FCSEMS, which was completely deployed under real-time EUS guidance (Fig. 2). After a mean follow-up of 8.5 months (range 5–10 months), no recurrence of WOPN has been observed.

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Competing interests: Dr. Alberto Larghi is a consultant for Xlumena Inc., Mountain View, California.

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