Multistenting during balloon-assisted ERCP using small diameter plastic stents in patients with surgically altered upper gastrointestinal anatomy

Balloon-assisted endoscopic retrograde cholangiopancreatography (ERCP) is now commonly used to treat disorders of the pancreatobiliary tract in patients with surgically altered upper gastrointestinal (GI) tract anatomy [1–3]. However, when either the short or long ERCP scopes have arrived at a tortuous position during the procedure, the ability to deliver accessories such as plastic or metal stents into the biliary tract is limited. Furthermore, the relatively small diameter of the working channel of these scopes limits the possibility of using large stents. In this report, we describe the concept and technique of multistenting using small diameter stents to treat biliary tract strictures.

Five patients (two women, three men; mean age 53 years, range 21–69) had undergone orthotopic liver transplantation with Roux-en-Y hepaticojejunostomy, and had subsequently developed hepaticojejunostomy stenosis (Fig. 1, Video 1). Because of the long and tortuous position of the scope it was impossible to advance standard diameter stents through a stenosis in a patient with Roux-en-Y hepaticojejunostomy. Therefore, we elected to use several 5-Fr plastic stents. After the stricture had been successfully dilated using a through-the-scope balloon, two stent placement via the hepaticojejunostomy as a second option. However, the stents were not able to pass the stenosis, and in the end, we decided to use several 5-Fr plastic stents. Because of the long and tortuous position of the scope, it was impossible to advance standard diameter stents through a stenosis in a patient with Roux-en-Y hepaticojejunostomy. Therefore, we elected to use several 5-Fr plastic stents. After the stricture had been successfully dilated using a through-the-scope balloon, an extra-long wire (650 cm, Metro guide-wire; Cook, Winston-Salem, USA) was advanced into the biliary tract. Next, five plastic pancreatic stents of small diameter (5–7 Fr) were inserted individually into the bile duct across the stricture (Video 1). These stents resulted in a cumulative diameter of 25 Fr (or 8 mm as each stent is 1.6 mm in diameter), which is the equivalent of two and a half 10-Fr biliary plastic stents. Stretching the hepaticojejunostomy to this diameter guarantees adequate bile flow and long-term resolution of the problem. The stents remained in situ for 3 and 4 months. In three patients, additional stenting was performed for a further 3 months.

In summary, this is the first report to detail the use of small caliber stents during balloon-assisted ERCP. Multistenting, using several plastic stents of smaller diameter, offers a promising treatment for complex hepaticojejunostomy strictures. In addition, failure to provide endoscopic therapy would invariably lead to a percutaneous approach to dilate these strictures.

Competing interests: None

Paul T. Kröner1,2, Marco D’Assunção1,3, Klaus Mönkemüller1

1 Basil I. Hirschowitz Endoscopic Center of Excellence, Birmingham, Alabama, USA
2 Department of Internal Medicine, Mt. Sinai St. Luke’s Roosevelt Hospital Center, New York, USA
3 Hospital Sirio-Libanes, Sao Paulo, Brazil
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Corresponding author
Klaus Mönkemüller, MD
Division of Gastroenterology and Hepatology,
Basil I. Hirschowitz Endoscopic Center of Excellence
Endoscopy Unit, JT 664
619 19th Street S
Birmingham, AL 35249
Fax: +39-49-343769
klaus1@uab.edu