A novel method for endoscopic ultrasound-guided pancreatic rendezvous with a microcatheter

A 69-year-old woman with chronic pancreatitis and recurrent pancreatic-type abdominal pain underwent computed tomography, which showed dilatation of the pancreatic duct. Subsequent endoscopic retrograde cholangiopancreatography revealed a fibrotic papillary stenosis preventing cannulation of the pancreatic duct.

Endoscopic ultrasound (EUS)-guided rendezvous was attempted (Video 1). The pancreatic duct was punctured with a 19-gauge needle (Expect; Boston Scientific, Natick, Massachusetts, USA). A 0.025-inch angulated-tip guidewire (Visi-Glide; Olympus America, Center Valley, Pennsylvania, USA) was then advanced into the pancreatic duct but could not pass through the stenosis to the duodenal lumen. Because of the possible risk for fragmentation of the guidewire during manipulation, the needle was removed and a 150-cm, 3-Fr microcatheter (Renegade Hi-Flo; Boston Scientific) was inserted into the pancreatic duct over the guidewire (Fig. 1). The microcatheter was smoothly inserted and easily advanced to the prepapillary area, and the guidewire was removed (Fig. 2). Contrast was injected to better define the cephalic duct (Fig. 3). A 0.025-inch straight-tip guidewire was inserted through the microcatheter (Fig. 4) and after manipulation was advanced through the stenosis into the duodenum (Fig. 5). The pancreatic rendezvous was complet-
ed, and a 7-Fr pancreatic stent (Advanix; Boston Scientific) was placed (Fig. 6).

The success rate for pancreatic rendezvous reaches only 50% in published series [1]. Manipulation of the guidewire, the most significant limiting factor [2], is hampered by the sharp needle grind, which can block and cut the tip of the guidewire. An enhanced protocol for biliary rendezvous with a 4-Fr catheter has been proposed [3]; however, this is the first report of EUS-guided rendezvous with a 3-Fr microcatheter. The microcatheter, taken from the interventional radiology armamentarium, is thinner than the 19-gauge needle, avoids dilation of the transmural track, and facilitates manipulation of the 0.025-in guidewire, guidewire exchange, and contrast injection. These advantages can improve the success rate of EUS-guided rendezvous.

Competing interests: None

Juan Vila¹, Carlos Huertas², Bruno Gonçalves³, Alba Cebrián¹, David Ruiz-Clavijo¹, Belén González de la Higuera¹, Carlos Prieto¹
¹ Endoscopy Unit, Gastroenterology Department, Complejo Hospitalario de Navarra, Pamplona, Spain
² Gastroenterology Department, Hospital Universitario Josep Trueta, Gerona, Spain
³ Gastroenterology Department, Hospital de Braga, Braga, Portugal

References

Endoscopy_UCTN_Code_TTT_1AS_2AD

Corresponding author
Juan J. Vila, MD
Endoscopy Unit, Gastroenterology Department Complejo Hospitalario de Navarra C/ de Irunlarrea 3 31008 Pamplona Navarra Spain Fax: +34-848-422303 juanjvila@gmail.com

DOI http://dx.doi.org/10.1055/s-0034-1393373
Endoscopy 2015; 47: E575–E576
© Georg Thieme Verlag KG Stuttgart · New York ISSN 0013-726X

Vila Juan et al. EUS-guided pancreatic rendezvous with a microcatheter... Endoscopy 2015; 47: E575–E576