Endoscopic treatment of recurrent bleeding from a portobiliary fistula with a fully covered self-expandable metal stent

Portobiliary fistula is a rare cause of hemobilia. It does not usually require any further intervention, but in some cases, persistent bleeding may result in bacteremia or hemodynamic compromise [1]. Previously this condition has been managed by percutaneous stent grafting or coil embolization [1–3]. We report a successful case in which recurrent bacteremia and hemobilia continued. An ERCP was performed again, and an FCSEMS, 8 mm in diameter and 12 cm long (BONASTENT Biliary; Standard Sci Tech Inc., Seoul, Korea), was deployed at the B2 bile duct branch. A 10-Fr plastic stent was placed ahead at the anterior lateral branch (B3) of the intrahepatic bile duct to prevent obstructive cholangitis, which might have been induced by the FCSEMS (Fig. 5). Following this procedure, the patient recovered from his recurrent bacteremia and hemobilia.

This case shows that endoscopic treatment using an FCSEMS can be considered as a treatment option for portobiliary fistula.

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### Competing interests: None
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Fig. 4 Cholangiogram showing contrast filling defects at the hilar area due to leakage from the hilar bile duct to the portal vein.

Fig. 5 Images of the fully covered self-expandable metal stent (FCSEMS) and plastic stent deployed in the intrahepatic bile duct, which led to the cessation of the hemobilia, on: a fluoroscopic view; b endoscopic view.

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