Through-the-scope self-expanding metal stent placement using newly developed short double-balloon endoscope for the effective management of malignant afferent-loop obstruction

This is the first report of through-the-scope (TTS) self-expanding metal stent (SEMS) placement, using a newly developed, short-type, double-balloon endoscope (S-DBE), for the palliation of malignant afferent-loop obstruction (ALO). The endoscope has a 3.2 mm working channel and 152 cm working length (EI-580BT; Fujifilm, Tokyo, Japan). The SEMS is a new NiTi-S pyloric/duodenal uncovered stent, with a diameter of 18 mm and lengths of 6 cm, 8 cm, 10 cm, or 12 cm, which is deployed using a 9 Fr × 220 cm delivery system (TaeWoong Medical Co., Ltd., Gimpo, South Korea). In the case presented here, the 6 cm SEMS was used. A 71-year-old woman, who had undergone pancreaticoduodenectomy for pancreatic cancer 5 years previously, was admitted for fever and acute abdominal pain. Computed tomography revealed dilation of the afferent loop, which was caused by bowel obstruction due to cancer recurrence (Fig. 1). SEMS placement using the S-DBE was planned for palliation. S-DBE smoothly accessed the ALO lesion. Malignancy was confirmed from the endoscopic view (Video 1), and the stenosis was recognized on the jejunogram (Fig. 3). The SEMS was advanced through the S-DBE and deployed accurately at the target area under direct endoscopic view. TTS SEMS placement was successful, and immediate intestinal flow was confirmed visually (Video 1). Abdominal radiography 2 days after the procedure showed a palliated ALO (Fig. 4). The patient started dietary intake 3 days after the pro-
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