Endoscopic ultrasound-guided drainage of a pancreatic fluid collection using a novel lumen-apposing metal stent complicated by stent occlusion

Endoscopic ultrasound (EUS)-guided transenteric drainage of pancreatic fluid collections (PFCs) is a well-established procedure. Recently a novel lumen-apposing, fully covered self-expanding metal stent (SEMS) has been developed to overcome the limitations of conventional SEMS for EUS-guided transenteric interventions [1–3].

A 71-year-old woman with jaundice due to a pancreatic head adenocarcinoma was treated by endoscopic retrograde cholangiopancreatography (ERCP) and placement of a fully covered self-expanding metal stent (FCSEMS). The patient developed moderately severe acute pancreatitis, complicated by a 12-cm necrotic infected fluid collection in the pancreatic body, which was not controlled by antibiotic therapy and intravenous hydration. EUS-guided drainage was performed using a 10-Fr cystotome, followed by placement of a 0.035-inch guidewire, with a lumen-apposing FCSEMS (Niti-S-SPAXUS, Taewoong Corp., Seoul, South Korea; diameter 16 mm, length 20 mm) then passed over the guidewire and deployed under fluoroscopic and endoscopic control (Video 1). The patient’s symptoms resolved within 24 hours and she was discharged 3 days later. After 2 weeks, the patient underwent a computed tomography (CT) scan because of recurrence of her fever, which showed incomplete resolution of the PFC with air inside it. A gastroscopy was advanced into the cavity of the pancreatic fluid collection, and necrotic tissue was removed using a basket. Irrigation was carried out using physiologic saline solution (Video 2).

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