Endoscopic ultrasound (EUS)-guided drainage of pancreatic pseudocyst using double-pigtail plastic stents is a well-established technique with a high success rate (95%–100%). Early adverse events, namely bleeding and perforation, occur in up to 5% of the procedure [1–3].

A 38-year-old woman with a history of alcohol abuse was admitted to hospital because of dysphagia, abdominal pain, and vomiting. Computed tomography (CT) scan showed an encapsulated pancreatic fluid collection, and therefore EUS-guided drainage was performed. EUS-guided access to the collection was achieved with a 19-gauge needle (▶Fig. 1) and a first guidewire was inserted. A cystotome was used, followed by hydrostatic dilation up to 8 mm. After insertion of a second guidewire, a double-pigtail 7-Fr, 5-cm plastic stent was delivered, but immediately after deployment the stent spontaneously migrated inside the collection (▶Fig. 2). Blind retrieval was attempted without success with both foreign-body forceps and Dormia basket (▶Fig. 3). Therefore a lumen-apposing metal stent (LAMS) was then deployed (▶Fig. 4), and a slim gastroscope was advanced inside the pseudocyst (▶Fig. 5). Exploration of the cavity allowed location of the migrated pigtail stent and retrieval using a pediatric biopsy forceps (▶Video 1). Finally, a duodenoscope was used to remove the LAMS and to insert two 10-Fr double-pigtail plastic stents (▶Fig. 6).

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Fig. 2  a Double guidewires inside the pseudocyst.  b Deployment of 5-cm 7-Fr double-pigtail plastic stent.  c Immediately, the double-pigtail stent spontaneously migrated inside the cavity.

Fig. 3  Attempts at blind retrieval of the migrated double-pigtail stent, using:  a foreign-body forceps, and  b a Dormia basket.

Fig. 4  a, b Deployment of a lumen-apposing metal stent (LAMS) to allow sustained access to the cavity of the pancreatic pseudocyst.

Fig. 5  A gastroscope was advanced through the lumen-apposing metal stent (LAMS) into the pseudocyst cavity.

Fig. 6  Insertion of two 10-Fr, 5-cm double-pigtail plastic stents to drain the pancreatic pseudocyst.
References


Bibliography

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