A 81-year-old man, who had undergone subtotal gastric resection with Roux-en-Y anastomosis for gastric adenocarcinoma 2 years earlier, was admitted to our hospital for obstructive jaundice. Abdominal computed tomography showed a solid mass (30 × 30 mm) at the pancreatic head, involving the common bile duct and the duodenum and suspicious for portal vein and mesenteric axis invasion (▶ Fig. 1). An endoscopic ultrasonography (EUS)-guided fine needle aspiration was performed and a diagnosis of metastasis of gastric adenocarcinoma was made.

Considering the post-surgical anatomy, and in order to obtain endoscopic biliary drainage, a transgastric intrahepatic EUS-guided approach was attempted. A linear echoendoscope (GF-UCT140; Olympus, Tokyo, Japan) was used but the intrahepatic bile ducts were not dilated enough to access them. However the hydropic gallbladder was clearly visible from the jejunal route. EUS-guided transluminal gallbladder drainage was therefore performed using a lumen-apposing metal stent (LAMS) (Hot Axios; Boston Scientific, Natick, Massachusetts, USA) with a lumen diameter of 10 mm. The gallbladder was first punctured using a 19G access needle (EchoTip Ultra; Cook Medical, Limerick, Ireland) and a 0.035-inch guidewire (VisiGlide; Olympus) was left inside to stabilize the echoendoscope position. Subsequently the stent was introduced into the gallbladder lumen using its cauterity tip. Finally the stent was deployed (▶ Fig. 2), with subsequent rapid drainage of the gallbladder into the jejunal lumen (▶ Fig. 3, and ▶ Video 1), and nasobiliary drainage was inserted through the stent into the lumen of the gallbladder (▶ Fig. 4). The procedure was successful and the patient’s jaundice rapidly resolved; after 2 weeks total bilirubin had fallen from 11.3 g/dL to 2.5 g/dL).
EUS-guided gallbladder drainage using LAMS is safe and effective in the treatment of acute cholecystitis in high surgical risk candidates [1, 2]. Our case shows the feasibility of this technique also for obtaining palliative biliary endoscopic drainage when other routes are precluded.

Endoscopy_UCTN_Code_TTT_1AS_2AD

Competing interests

None

The Authors

Paolo Cecinato, Maurizio Cavina, Giuliana Sereni, Francesco Decembrino, Veronica Iori, Cristiana Tioli, Romano Sassatelli

Unit of Gastroenterology and Digestive Endoscopy, Arcispedale Santa Maria Nuova-IRCCS, Reggio Emilia, Italy

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DOI https://doi.org/10.1055/s-0043-113555
Published online: 29.6.2017
Endoscopy 2017; 49: E215–E216
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

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