Afferent loop syndrome is a complication that infrequently occurs after pancreati-
coduodenectomy [1]. Complete obstruction occurs which leads to cholangitis, 
pancreatitis, perforation, and necrosis. In particular, patients with cancer recur-
rence cannot continue chemotherapy 
treatment, become debilitated, and may eventually die. Therefore, early and 
appropriate decompression treatment is needed.

This report describes endoscopic ultra-
sound (EUS)-guided gastrojejunostomy 
for treatment of afferent loop syndrome, 
using a lumen-apposing metal stent 
(LAMS) incorporated into an electrocau-
tery-enhanced delivery system.

A 44-year-old man was admitted to our 
hospital with vomiting and abdominal 
pain; he had undergone pancreatodu-
odenostomy for pancreatic head cancer 
11 months earlier. Computed tomog-
raphy (CT) revealed dilation of the affer-
ent loop associated with a recurrence of 
cancer (Fig. 1). First, multiple plastic 
stents were inserted by balloon-assisted 
enteroscopy (Fig. 2) and his clinical 
condition improved. However, 1 month 
later he was admitted again with abdom-
inal pain because of stent occlusion. CT 
revealed dilation of the afferent loop and 
intrahepatic bile duct (Fig. 3). We per-
formed EUS-guided gastrojejunostomy 
with a LAMS incorporated into an electro-
cautery-enhanced delivery system (Hot 
AXIOS; Boston Scientific, Natick, Massa-
chusetts, USA) (Fig. 4, Video 1). CT 
on the following day showed improve-
ment in the dilation of the afferent loop 
(Fig. 5). The patient showed resolution 
of clinical symptoms and received out-
patient chemotherapy.

A previous report has demonstrated the 
usefulness of LAMS for transenteric 
drainage of pancreatic pseudocysts and 
the gallbladder [2]. Recently, EUS-guid-
ed transgastric access into the afferent 
limb with LAMS has been reported [3, 4].

The use of the Hot AXIOS system has 
some advantages compared with con-
ventional LAMS, namely, avoidance of 
the need to exchange devices for stent 
placement, shortening of procedure 
time, prevention of leakage in the ab-
dominal cavity, and prevention of separa-
tion of the digestive wall and afferent 
loop tract wall during the procedure.

Therefore, EUS-guided drainage with 
LAMS is a safe, easy-to-perform, and 
highly effective minimally invasive treat-
ment modality for afferent loop syn-
drome.

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Video 1 Endoscopic ultrasound-guided gastrojejunostomy, using a lumen-apposing 
metal stent with an electrocautery-enhanced delivery system, for treatment of 
afferent loop syndrome.
Competing interests

None

The Authors

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Fig. 2  Multiple plastic stents were inserted by balloon-assisted enteroscopy.

Fig. 3  CT revealed dilation of the afferent loop and intrahepatic bile duct.

Fig. 4  Endoscopic ultrasound (EUS)-guided gastrojejunostomy was performed.

Fig. 5  CT on postoperative day 1 showed improvement in the dilation of the afferent loop.
References


Bibliography
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