SpyGlass percutaneous transhepatic cholangioscopy-guided lithotripsy of a large intrahepatic stone

Occasionally, biliary stone management can be really challenging, depending on location, size, number, altered anatomy, and presence of strictures [1]. Although different approaches can be used in this setting, such as endoscopic retrograde cholangiopancreatography (ERCP), percutaneous transhepatic biliary drainage (PTBD), and extracorporeal shock wave lithotripsy or surgery [2], more complex cases may require management using a combination of techniques [3–5].

A 40-year-old woman presented with recurrent cholangitis due to right hepatolithiasis (▶Fig. 1). Past history included a failed ERCP, and subsequent cholecystectomy with biliary exploration at another hospital. First, left PTBD was performed to improve the patient’s clinical status. A multidisciplinary team then decided in favor of surgical bile duct exploration with hepaticojejunostomy; however, the right intrahepatic stone could not be identified, even with intraoperative ultrasound. Biliary exploration through the PTBD drain was scheduled for the postsurgical recovery period. Meanwhile, cholangitis recurred, and the patient underwent urgent right PTBD following discovery of a 1.7 cm biliary stone, which had impacted in the confluence of the right anterior and posterior sectoral biliary ducts (▶Fig. 2). Balloon fragmentation was attempted, but was not successful. In addition, a basket was not considered to be a safe method of retrieval because of the size of the stone.
After clinical recovery of the patient, the multidisciplinary team opted for a hybrid procedure involving access to the biliary tree through the right PTBD site and cholangioscopy-guided laser lithotripsy using the intraductal cholangioscopy system SpyGlass DS (Boston Scientific, Marlborough, Massachusetts, USA). Informed consent was obtained.

The procedure was performed under general anesthesia, and prophylactic ciprofloxacin 400 mg was given intravenously. The previously inserted biliary drain was exchanged for a 12 Fr sheath (Video 1), allowing the insertion of the Spyscope under fluoroscopic and direct visualization (Fig. 4). A large impacted stone causing biliary ulceration was visualized. Lithotripsy was performed using Holmium laser with power output at 10 W (Fig. 5, Video 1). Stone fragments were mobilized through the hepaticojejunostomy (Fig. 6), and new biliary drains were inserted bilaterally. The total procedure time was 58 minutes. The patient developed postoperative cholangitis, which was treated successfully with antibiotics.

Competing interests
None

The Authors
Tomazo Franzini1, Leandro Cardarelli-Leite2, Estela Regina Ramos Figueira1, Flávio Morita1, Fernanda Uchiyama Golghetto Domingos2, Francisco Cesar Carnevale2, Eduardo Guimarães Hourneaux de Moura1
1 Department of Gastroenterology, Hospital das Clinicas from University of São Paulo School of Medicine, São Paulo, Brazil
2 Department of Radiology, Hospital das Clinicas from University of São Paulo School of Medicine, São Paulo, Brazil

Corresponding author
Tomazo Franzini, MD, PhD
Department of Gastroenterology, Hospital das Clinicas from University of São Paulo School of Medicine, Av. Dr. Eneas de Carvalho Aguiar, 255 – Predio dos Ambulatórios 5th floor, 05403-000 São Paulo, Brazil
Fax: +55-11-26617579
tomazof@uol.com.br

References

Bibliography
DOI https://doi.org/10.1055/s-0043-117943
Published online: 19.9.2017
Endoscopy 2017; 49: E292–E293
© Georg Thieme Verlag KG
Stuttgart – New York
ISSN 0013-726X

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos
Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.
This section has its own submission website at https://mc.manuscriptcentral.com/e-videos