Endoscopic management of chronic pancreatitis with a fully covered self-expanding metal stent and laser lithotripsy

The patient was a 58-year-old man with a long-standing history of alcohol abuse and chronic pancreatitis leading to multiple hospitalizations. He continued to have pain despite conservative management, pain control, and alcohol cessation. His chronic pancreatitis and pancreatic duct (PD) stones resulted in a tight PD stricture at the head of the pancreas. Multiple prior attempts at conventional endoscopic retrograde cholangiopancreatography (ERCP) had failed. He presented to our institution seeking advanced therapy after extracorporeal shock wave lithotripsy (ESWL). At our index ERCP we could not get conventional transpapillary access to the PD. Instead, given his stone burden, after ESWL, we chose to treat him with an EUS-guided pancreaticogastrostomy, and placement of a fully covered self-expanding metal stent (FCSEMS) followed by a pancreatoscopy with holmium laser lithotripsy (▶Fig. 1 and ▶Fig. 2). The patient responded to treatment, with resolution of his pain at 12 months after the intervention.

In chronic pancreatitis, chronic inflammation causes endocrine and exocrine insufficiency, pancreatic atrophy, calcification, and multiple pancreatic duct strictures that lead to chronic pain [1]. This chronic disease has much associated morbidity. Current therapies include pain control and supportive measures aimed at treatment of endocrine and exocrine insufficiencies. PD strictures and PD stones frequently accompany chronic pancreatitis. Endoscopic management of chronic pancreatitis includes ERCP with transpapillary plastic stent placement, PD balloon dilation, and ESWL for PD stones. FCSEMS placement has been reported as a treatment for refractory PD strictures in patients in whom other therapeutic modalities have failed [2]. However, in the patient described here, a conventional transpapillary ERCP approach for placement of the FCSEMS was not successful, and we used an EUS-guided technique to place an FCSEMS, and we then used this access for laser lithotripsy [3].

EUS-guided pancreaticogastrostomy is an option when conventional transpapillary stent placement is not possible. This case illustrates that pancreaticogastrostomy can be used as access for laser lithotripsy.

Endoscopy_UCTN_Code_TTT_1AR_2AI
Competing interests

Michel Kahaleh MD has received grant support from Boston Scientific, Fujinon, EMcision, Xlumena Inc., W.L. Gore, MaunaKea, Apollo Endosurgery, Cook Endoscopy, ASPIRE Bariatrics, GI Dynamics, NinePoint Medical, Merit Medical, Olympus and Mi Tech. He is a consultant for Boston Scientific, Xlumena Inc., Concordia Laboratories Inc, ABBvie, and MaunaKea Tech. All other authors have no conflicts of interest to report.

The Authors

Aleksey Novikov, Ming-ming Xu, Amy Tyberg, Michel Kahaleh
Weill Cornell Medical, New York, USA

Corresponding author

Michel Kahaleh, MD
Weill Cornell Medical College – Gastroenterology & Hepatology, 1305 York Avenue, 4th Floor, New York 10021, United States
Fax: +1-646-962-0110
mkahaleh@gmail.com

References


Bibliography

DOI https://doi.org/10.1055/s-0043-118214
Published online: 19.9.2017
Endoscopy 2017; 49: E296–E297
© 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