Electronic hydraulic lithotripsy by antegrade digital cholangioscopy through endoscopic ultrasound-guided hepaticojejunostomy

This report describes antegrade electronic hydraulic lithotripsy (Lithotron EL 27; Walz Elektronik, Rohrdorf, Germany) using a digital peroral cholangioscope (SpyGlass DS System; Boston Scientific, Marlborough, Massachusetts, USA) [1,2] through an endoscopic ultrasound (EUS)-guided hepaticojejunostomy route for common bile duct (CBD) stones (▶Video 1).

A 77-year-old man, who underwent total gastrectomy with a Roux-en-Y procedure for gastric cancer, presented with cholangitis caused by CBD stones. Endoscopic transpapillary drainage was attempted, but the scope could not be inserted into the ampulla; therefore, EUS-guided hepaticojejunostomy was performed.

From the Roux-en-Y jejunum, the dilated intrahepatic bile duct was punctured with a 19-gauge needle under EUS. After guidewire insertion toward the distal bile duct, the puncture site was dilated using a balloon dilator (diameter 4 mm, REN; Kaneka Medix, Osaka, Japan) (▶Fig. 1). A covered metal stent (diameter 8 mm, length 8 cm, Niti-S; Taewoong Medical, Gyeonggi-do, South Korea) was inserted between the intrahepatic bile duct and the Roux-en-Y jejunum (▶Fig. 2). The following day, the patient’s cholangitis was markedly improved, and he was discharged 3 days after surgery.

The patient was re-admitted to our hospital 4 weeks later to continue treatment for CBD stones. The cholangioscope was inserted over the guidewire through the metal stent (▶Fig. 3), and the CBD stones were revealed by cholangioscopy (▶Fig. 4a). The stones were crushed by electronic hydraulic lithotripsy (▶Fig. 4b). Subsequently, the metal stent was removed and a balloon dilator was inserted into the fistula toward the ampulla and dilated up to 12 mm (▶Fig. 5a). The CBD stones were pushed out into the digestive tract using a balloon catheter (▶Fig. 5b). Finally, a single-pigtail plastic stent (7Fr, 20 cm length) was inserted in the CBD, and the patient was discharged.
[3] was deployed between the CBD and the Roux-en-Y jejunum (Fig. 6). The patient resumed eating 4 days after surgery with no adverse effects, and was discharged 7 days after surgery.

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Competing interests

None

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