New indications for fully covered lumen-apposing metal stents: biliary stenting to treat post-sphincterotomy bleeding or ampullary stenosis

Stenting with standard biliary fully covered self-expandable metal stents (FCSEMSs) has been reported as successful treatment for complications after biliary sphincterotomy such as bleeding, perforation, or stenosis [1]. However, in some situations, such as a dilated common bile duct (CBD) or large sphincterotomy, these stents are not watertight, which can lead to persistent bleeding and leakage, or a malfunction [1, 2]. A new, shaped, large covered stent could be an interesting solution, with maximal radial and axial force achieving adequate local compression to allow calibration of a stenosis, hemostasis, or a watertight seal to be created [3, 4]. Here, we report our early experience with the use of these new stents in the CBD in two patients (Video 1).

The first patient was an 89-year-old woman who underwent a maximal re-cut after a previous sphincterotomy for residual stones in a dilated CBD. She represented 12 hours later with hypovolemic shock and melena. After resuscitation, she underwent an emergency endoscopic retrograde cholangiopancreatography (ERCP), which showed active arterial bleeding from the roof of the sphincterotomy. Injection of adrenaline, insertion of a standard 10-mm diameter FCSEMS, and forced coagulation of the visible vessel using a CoGasper did not achieve hemostasis. Because of the size of the sphincterotomy and the dilatation of the CBD, we decided to place a fully covered lumen-apposing metal stent (FCLAMS). A 4-cm × 14-mm FCLAMS was successfully delivered with complete hemostasis being achieved. Bleeding did not recur and the stent was removed 5 days later without complications.

The second patient was a 67-year-old man who had undergone surgical resection of the pancreatic papilla for high grade dysplasia 3 months previously. He presented with acute cholangitis due to complete anastomotic stenosis of the CBD with marked dilatation. A 3-cm × 14-mm FCLAMS was successfully delivered. The patient was discharged on day 1 and has been scheduled for removal of the stent.

The present cases suggest that placement of a transpapillary FCLAMS could be an interesting alternative for treating post-sphincterotomy bleeding and to calibrate stenosis, in patients with a dilated CBD and/or a large sphincterotomy orifice.

Competing interests
None

The authors
Gianfranco Donatelli1, Jean-Loup Dumont1, Serge Derhy1, Bruno Meduri1, Stavros Dritsas2, Brice Gayet3, David Fuchs3
1 Department of Interventional Endoscopy, Peupliers Private Hospital, Ramsay Générale de Santé, Paris, France
2 Department of Gastroenterology, General Hospital, Fontainebleau, France
3 Department of Digestive Surgery, Institut Mutualiste Montsouris, Paris, France

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Corresponding author

Gianfranco Donatelli, MD
Department of Interventional Endoscopy, Ramsay Générale de Santé, Hôpital Privé des Peupliers, 8 Place de l’Abbé G. Hénocque, 75013, Paris, France
Fax: +33-01-44165615
donatelligianfranco@gmail.com

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