Endoscopic ultrasound-guided rescue of an uncovered self-expanding metallic stent causing biliary obstruction

A 57-year-old man with metastatic cholangiocarcinoma, who had undergone a previous ERC with placement of an uncovered biliary Wallstent, was referred to us for evaluation of persistent jaundice (bilirubin 58 mg/dl). A repeat ERC showed complete occlusion of the Wallstent, with some contrast spilling into the right biliary system and complete obstruction of the left system (Figure 1 a).

After multiple unsuccessful attempts at advancing a guide wire through the stent, the duodenoscope was exchanged for a linear-array echo endoscope (Olympus America, Melville, New York, USA), that was used to identify the dilated bile ducts within the left hepatic lobe and to puncture them using a 19-gauge needle. After bile had been aspirated and contrast injected to opacify the biliary system, and complete obstruction of the left system (Figure 1 a).

We have reported here an illustrative case of EUS-guided rendezvous biliary drainage; this approach can be considered as a valid alternative to the percutaneous transhepatic route when a malpositioned SEMS, not amenable to endoscopic removal, is the cause of obstruction.

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