Peroral antegrade pancreatoscopy for pancreaticolithiasis after endoscopic ultrasound-guided recanalization of a complete pancreaticojejunal stenosis

Pancreaticoduodenectomy may result in symptomatic pancreaticojejunal stenosis in 2%–10% of cases [1]. As an alternative to surgery, endoscopic pancreatic duct decompression may be performed by retrograde (enteroscopy) or antegrade (endoscopic ultrasound [EUS]-guided transgastric access) approach [2]. The latter is more likely to be technically successful (up to 70% of cases) [3], and also enables anastomotic recanalization [4]. For pancreaticolithiasis treatment, an antegrade pancreatoscopy procedure has been recently described as feasible and useful [5].

We herein describe the case of a 51-year-old woman who presented with abdominal pain and several episodes of mild pancreatitis in the preceding 12 months. Symptoms were due to a pancreaticojejunal stenosis and obstructing pancreatic ductal stones following a curative pancreaticoduodenectomy performed 8 years earlier (▶Fig. 1). After a previous EUS-guided attempt failed because of complete pancreaticojejunal stenosis, a successful EUS-guided pancreatic recanalization was achieved in June 2017, which enabled the placement of a transgastric indwelling double-pigtail stent across the stenosis (▶Fig. 2, ▶Fig. 3, ▶Video 1). The patient became asymptomatic.

In March 2018, it was decided to perform a peroral transgastric pancreatoscopy to evaluate a persistent pancreaticojejunal stenosis and treat any remaining ductal stones. After stent removal and endoscopic dilation of the stenosis and gastric tract (▶Fig. 4), a digital single-operator peroral cholangioscope (SpyGlass DS, Boston Scientific, Marlborough, Massachusetts, USA) was inserted through a standard therapeutic duodenoscope into the pancreatic duct until it reached

▶Fig. 1 A complete pancreaticojejunal stenosis (red arrow) and pancreatic ductal stone (blue arrow) was seen on magnetic resonance cholangiopancreatography, with a dilated mid-distal pancreatic duct (a).

▶Video 1 Peroral antegrade pancreatoscopy for evaluating and treating pancreaticojejunal stenosis and pancreatic ductal stone.
This revealed a fibrotic pancreaticojejunal stenosis, 3 cm in length, and a persistent pancreatic ductal stone, 4 mm in size (Fig. 6). Pancreatic ductal clearance was achieved using water irrigation and push-and-pull maneuver, with no need for intraductal lithotripsy. A 10Fr 12 cm transgastric plastic biliary stent was placed across the stenosis.

The patient was discharged the day after the procedure and continued to do well 60 days later. This patient will need further stent replacement until a desirable and stable pancreaticojejunal opening is achieved.

Endoscopy_UCTN_Code_TTT_1AR_2AB
Competing interests

None

The authors

Eduardo Aimore Bonin¹, Raquel Canzi Almada de Souza¹, Eloy Taglieri², Nelson Silveira Cathcart¹, Elisandre Caroline dos Santos¹, Ricardo Schmitt de Bem¹, José Celso Ardengh²

¹ Endoscopy Unit, Hospital de Clínicas da Universidade Federal do Paraná, Curitiba, Brazil
² Endoscopy Unit, Hospital Nove de Julho, São Paulo, Brazil

Corresponding author

Eduardo Aimore Bonin, MD
Endoscopy Unit, Hospital de Clínicas
Universidade Federal do Paraná, Rua Petit Carneiro, 1111, CEP 80240050 Curitiba,
Parana, Brazil
Fax: +55-41-33601800
eabonin@gmail.com

References


Acknowledgments

The authors are grateful to the Digestive Endoscopy and Interventional Radiology team unit of Hospital de Clínicas da Universidade Federal do Paraná. The authors also thank Drs. Camila Travensoli Bobato and Bruna Cristina Opolski for helping care for the patient, and the Boston Scientific team from Curitiba for technical support.

Fig. 6 Pancreatography confirmed a persistent 4 mm pancreatic ductal stone (red arrow), which was suspected at pancreatography (a). A guidewire can be seen in the pancreatic duct (blue arrow).

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

DOI https://doi.org/10.1055/a-0677-1623
Published online: 2018

Endoscopy
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Bibliography

This document was downloaded for personal use only. Unauthorized distribution is strictly prohibited.