Endoscopic ultrasound-guided hepatico-gastrostomy combined with antegrade stenting using a double bare covered metal stent

Endoscopic ultrasound-guided hepatico-gastrostomy (EUS-HGS) has been indicated for failed endoscopic retrograde cholangiopancreatography (ERCP) [1, 2]. Recently, to obtain a longer duration of stent patency or avoid adverse events, EUS-HGS combined with antegrade stenting (EUS-HGAS) has been reported [3, 4]. In this procedure, an uncovered, self-expandable, metal stent (UCSEMS) is usually used to avoid stent dislocation. However, compared with a fully covered, self-expandable, metal stent (FCSEMS), longer stent patency may not be achieved [5]. A novel, double bare, partially covered, self-expandable, metal stent (D-FCSEMS, EGIS Biliary Stent; S&G Biotech Inc., Yongin-si, Korea) has become available in Japan. This stent has low axial force compared with conventional FCSEMS, and high radial force compared with conventional UCSEMS. Therefore, this stent may be suitable for EUS-HGAS. Herein, we describe technical tips for EUS-HGAS using the D-FCSEMS (Video 1).

An 82-year-old man was admitted to our hospital with obstructive jaundice caused by advanced pancreatic cancer. Although ERCP was attempted, the duodenoscope could not be advanced into the duodenum owing to duodenal obstruction from pancreatic cancer invasion. Therefore, EUS-guided biliary access was attempted. First, the intrahepatic bile duct was punctured using a 19-gauge fine-needle aspiration needle, and contrast medium was injected. Then, the guidewire was inserted into the biliary tract, followed by a balloon catheter; contrast medium was injected again. After the guidewire was advanced into the intestine across the obstruction site, a double bare, partially covered, self-expandable, metal stent was deployed. Finally, endoscopic ultrasound-guided hepatico-gastrostomy was successfully performed.

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Competing interests

None
References


Bibliography
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