Endoscopic ultrasound-guided gastroenterostomy using a metal stent for the treatment of afferent loop syndrome

A 79-year-old man with a history of pylorus-preserving pancreaticoduodenectomy for pancreatic head cancer and Child’s reconstruction underwent total pancreatectomy for remnant pancreatic recurrence 2 years later. Four months after total pancreatectomy, he developed cholangitis. Computed tomography (CT) (▶Fig. 1) showed afferent loop syndrome arising from disseminated peritoneal nodule formation. We attempted to place an intestinal stent at the afferent loop stenosis site to resolve the obstructive jaundice and cholangitis. Although the endoscope (CF-H260AI; Olympus Medical Systems, Tokyo, Japan) reached the stenotic region, advancing the guidewire was difficult and placing the stent was impossible because it was difficult to visualize the stenosis squarely (▶Fig. 2). Thus, the procedure was converted to endoscopic ultrasound (EUS)-guided fistulization from the remnant stomach to the afferent loop (▶Video 1).

The afferent loop extending from the remnant stomach was confirmed by EUS, followed by puncture with a 19-gauge needle (EZ Shot 3 Plus; Olympus Medical Systems, Tokyo, Japan) (▶Fig. 3a). After using contrast imaging to confirm that the needle had penetrated the intestinal tract, a 0.025-inch guidewire (VisiGlide 2; Olympus Medical Systems) was advanced into the dilated intestinal tract (▶Fig. 3b). Blunt dilation using an ES Dilator (Zeon Medical, Tokyo, Japan) was attempted, but it was difficult; thus, the fistula was dilated using a diathermic dilator (Cysto-Gastro-Set; Endo-Flex GmbH, Voerde, Germany), followed by place-
ment of a fully covered metal stent (X-Suit NIR 10 mm 8 cm; Olympus Medical Systems) (▶ Fig. 4). No complications were observed, and the patient’s liver dysfunction and cholangitis promptly improved (▶ Fig. 5).

Although previous reports have described the use of plastic stents [1–3] and lumen-apposing metal stents [3–5], this is the first report on the use of a tubular type metal stent. This method is effective in treating afferent loop syndrome if placement of an endoscopic intestinal stent is difficult.

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Competing interests

None
References


