A novel technique for stent dysfunction after endoscopic ultrasound-guided hepaticogastrostomy with antegrade stenting

Recently, endoscopic ultrasound-guided hepaticogastrostomy (EUS-HGS) has been developed as a new drainage technique for malignant biliary obstruction; however, a high adverse event rate has been reported [1]. Stent migration is a serious adverse event. The use of long stents in EUS-HGS is therefore recommended to prevent this complication [2]. However, when a long stent is placed in the gastrointestinal lumen, re-intervention at the time of stent dysfunction can be challenging; several re-intervention techniques have been reported [2–4]. We present a case using a successful simple re-intervention technique for stent dysfunction after EUS-HGS combined with antegrade stenting.

A 67-year-old man with advanced gastric cancer presented with a recurrence of jaundice 6 months after undergoing EUS-HGS combined with antegrade stenting for distal biliary obstruction. An 8 × 100-mm covered metal stent had been deployed during EUS-HGS (Fig. 1).

Because his cholangitis was classified as moderate according to the Tokyo Guidelines [5], urgent biliary drainage was attempted. First, a therapeutic duodenoscope was advanced to the EUS-HGS site. Second, a guidewire was advanced through the EUS-HGS and antegrade stents; it was successfully passed via the ampulla into the duodenum (Fig. 2). Finally, a 6-Fr endoscopic nasobiliary drainage (ENBD) tube (Flexima; Boston Scientific, Marlborough, Massachusetts, USA) that had been self-adjusted with side holes opened with a hole puncher up to 25 cm from the tip was placed through the HGS and antegrade stents with its tip located in the duodenum (Fig. 3). The patient’s cholangitis resolved within a few days. A week after the procedure, the ENBD tube was cut in the gastric lumen using a loop cutter (Olympus, Tokyo, Japan) for internalization (Fig. 4; Video 1).

Currently, >6 months have passed, and the patient is continuing chemotherapy without stent dysfunction. This novel re-intervention technique is simple and...
could be useful for stent occlusion after EUS-HGS combined with antegrade stenting.

Endoscopy_UCTN_Code_TTT_1AR_2AZ

Competing interests

None

The authors

Ayana Okamoto, Kosuke Minaga, Mamoru Takenaka, Tomoe Yoshikawa, Ken Kamata, Kentaro Yamao, Masatoshi Kudo

Department of Gastroenterology and Hepatology, Kindai University Faculty of Medicine, Osaka-Sayama, Japan

Corresponding author

Kosuke Minaga, MD, PhD

Department of Gastroenterology and Hepatology, Kindai University Faculty of Medicine, 377-2 Ohno-Higashi, Osaka-Sayama, 589-8511, Japan
Fax: +81-72-3672880
kousukeminaga@med.kindai.ac.jp

References


Bibliography

DOI https://doi.org/10.1055/a-0890-3220
Published online: 9.5.2019
Endoscopy 2019; 51: E255–E256
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X