Combined stent-in-stent and side-by-side stenting for hilar cholangiocarcinoma using a novel braided and weaving metal stent

For hilar malignant biliary obstruction, bilateral self-expandable metal stent (SEMS) placement provides longer patency than unilateral drainage [1, 2]. Although recently developed fine-gauge delivery systems allow simultaneous side-by-side (SBS) placement, the partial stent-in-stent (SIS) method is sometimes preferred because of higher adverse event rates with SBS [3]. However, technical difficulty can be encountered with the SIS method, such as guidewire or stent delivery through the stent interstice [4]. Herein, we present a combined SIS and SBS technique using a novel SEMS with a combination of braided and weaving construction (▶ Video 1).

A 69-year-old woman with unresectable hilar cholangiocarcinoma was referred to us, and endoscopic retrograde cholangiography revealed hilar biliary obstruction. After passing three guidewires to B2, B6, and B8, respectively (▶ Fig. 1), two uncovered SEMSs (Niti-S M Biliary Stent, 8-mm-wide; Taewoong Medical Inc., Gimpo, Korea) (▶ Fig. 2) were placed, first in an SIS fashion (from B6 to the duodenum first, followed by B8 to the duodenum) (▶ Fig. 3a) without difficulty. Initially, additional stent placement was attempted in an SIS fashion but guidewire passage through the two overlapped stents was not technically easy and thus, we decided to place the third SEMS in an SBS fashion over the guidewire, which had been already placed in B2 as a landmark. The delivery system was readily inserted to B2 without interference to or from the other two SEMS, and the third SEMS (▶ Fig. 3b) was successfully deployed in an SBS fashion from...
B2 to the duodenum. No procedure-related adverse events were observed. Despite the superiority of bilateral over unilateral stenting for hilar malignant biliary obstruction, there is no standard technique—SIS or SBS. This novel SEMS with braided and weaving construction allows both SIS and SBS methods, and even its combination method [5] can be applied, as shown in this case.

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Competing interests

None

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References


Bibliography

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