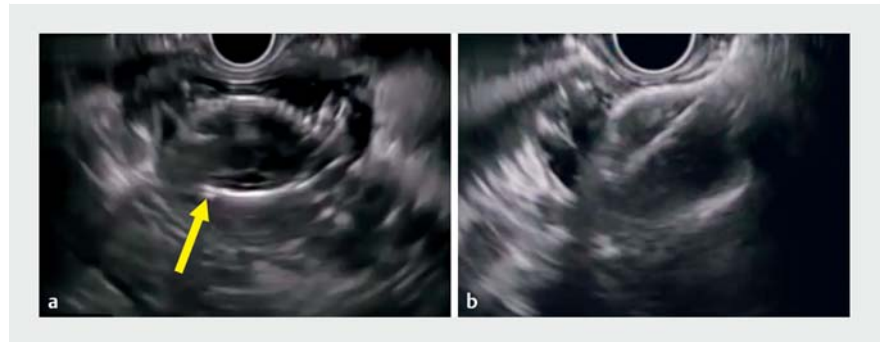


## Endoscopic retrieval through a lumen-apposing metal stent of a biflanged metal stent that had been released into a peripancreatic fluid collection

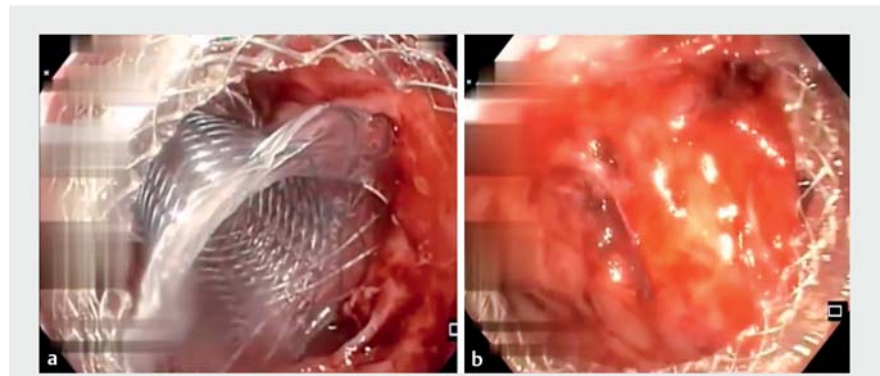
We report a 60-year-old woman with a previous history of an endoscopically treated walled-off necrosis that developed 12 months after an 80-mm recurrent symptomatic pancreatic body pseudocyst. Drainage was attempted using a 16×20-mm biflanged metal stent (Nagi), but the stent was mistakenly released inside the collection. A rescue attempt was made to retrieve the stent and avoid surgical intervention.

At endoscopic ultrasound (EUS), the stent could be easily identified inside the pseudocyst, which appeared smaller than previously described, with limited fluid content (► **Fig. 1 a**). The collection was punctured with a 19G fine-needle aspiration needle and filled up with normal saline to create the space needed to place a larger caliber lumen-apposing metal stent (LAMS), a process that was difficult partly because of the limited distensibility of the collection. It was however possible to successfully position a 10×20-mm LAMS (Hot AXIOS) under complete EUS guidance (► **Fig. 1 b**) and its middle portion was dilated up to 20 mm. A gastroscopically was then introduced through the LAMS into the cavity (► **Fig. 2 a**), the dislocated Nagi stent was trapped in a polypectomy retrieval net and was withdrawn from the cavity into the stomach under direct endoscopic view (► **Video 1**; ► **Fig. 2 b**).

To the best of our knowledge, this report represents the first case of salvage of a biflanged metal stent that had been completely released inside a pancreatic collection during EUS-guided drainage. Unlike in the earlier report by Lakhtakia and colleagues [1], who described a case in which the proximal end of the stent was released in the cyst wall allowing subsequent endoscopic management with pneumatic tract dilation and repositioning of the stent with a rat-tooth forceps, in our patient, placement of a LAMS with a large diameter central por-



► **Fig. 1** Endoscopic ultrasonography images showing: **a** the biflanged metal stent (yellow arrow) that had been released into the peripancreatic fluid collection; **b** opening of the distal flange of the lumen-apposing metal stent inside the peripancreatic fluid collection.



► **Fig. 2** Endoscopic views showing: **a** the biflanged metal stent that had been released into the peripancreatic fluid collection; **b** the residual cavity seen through the indwelling lumen-apposing metal stent after removal of the displaced biflanged metal stent.

tion was needed. This process could only be accomplished by refilling the collection with saline to create the proper space for stent placement and successfully avoided the need for a more invasive procedure.

Endoscopy\_UCTN\_Code\_TTT\_1AS\_2AD

### Competing interests

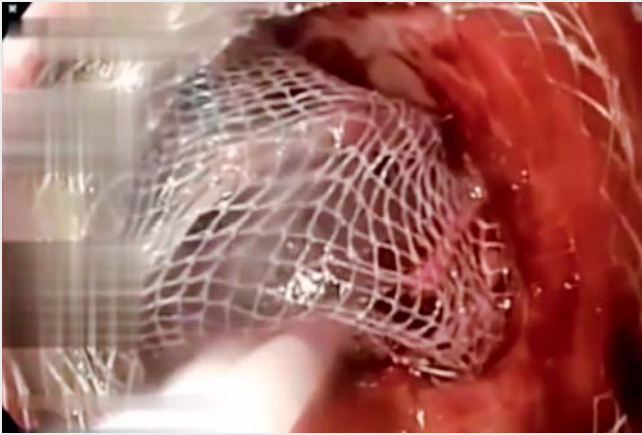
The authors declare that they have no conflict of interest.

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**Video 1** Endoscopic retrieval through a lumen-apposing metal stent of a biflanged metal stent that had been released into a peripancreatic fluid collection.

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