A 45-year-old man who had undergone surgery for a giant hepatic hydatid cyst 1 month ago presented to the emergency room with abdominal pain and fever. Computed tomography (CT) revealed a right pleural effusion and a collection in the right hepatic lobe, suggestive of a biliary leak (▶ Fig. 1). After two failed endoscopic retrograde cholangiopancreatography (ERCP) attempts, the common bile duct (CBD) was punctured using a 22-G needle, and a 0.018-in guidewire was advanced for an endoscopic ultrasonography-guided rendezvous. Cholangiography identified a major bile leak from one of the branches of the right main bile duct (▶ Fig. 2). An 80 × 10-mm fully-covered metal stent was inserted.

Given the lack of improvement, a second ERCP was performed showing the previous stent was in place. The leaking bile branch was selectively cannulated. Four 0.035-in Tornado coils (Cook Medical, Bloomington, Indiana, USA) were introduced through a retrieval balloon and deployed in the terminal end of the leaking duct. One of the coils was placed very distal in the biliary tree, so cholangioscopy was performed using SpyGlass (Boston Scientific Corp., Marlborough, Massachusetts, USA), and the coil was removed with a SpySnare (Boston Scientific Corp.) (▶ Fig. 3). During cholangioscopy, a second leak was identified and later embolized with coils. A subsequent cholangiogram revealed cessation of the leaks (▶ Fig. 4; ▶ Video 1).

Six months after discharge, the patient presented with abdominal pain, and CT revealed a dilated CBD with a migrated coil inside (▶ Fig. 5). ERCP was performed and the coil extracted.
A bile leak is a serious complication after hepatobiliary surgery. Traditional endoscopic therapy consists of sphincterotomy or stent placement [1]. Endoscopic embolization with coils can be an alternative treatment of biliary leaks when other approaches fail [2, 3]. Coil migration to the CBD is a complication that had already been described in coil embolization with or without N-butyl cyanoacrylate [4, 5].

Endoscopy_UCTN_Code_TTT_1AR_2AG

Competing interests

Dr. Aparicio is a consultant for Boston Scientific. The other authors declare they have no conflict of interest.

The authors

Sandra Baile-Maxia, Lucía Medina-Prado, Maryana Bozhychko, Carolina Mangas-Sanjuan, Juan Antonio Casellas, José Ramón Aparicio

Endoscopy Unit, Department of Gastroenterology, Hospital General Universitario de Alicante, Instituto de Investigación Sanitaria y Biomédica de Alicante, ISABIAL, Alicante, Spain

Corresponding author

José Ramón Aparicio, MD
Hospital General Universitario de Alicante, Endoscopy Unit, C/ Pintor Baeza 12, 03010 Alicante, Spain
Fax: Fax: +34-633-03-99-69
japariciot@gmail.com

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DOI https://doi.org/10.1055/a-1113-7263
Published online: 2020
Endoscopy
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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