

Peroral pancreatoscopy-assisted removal of internally migrated fractured pancreatic stent

Endoscopic removal of internally migrated pancreatic stents is sometimes challenging even in the hands of expert endoscopists, because of the high risk of pancreatitis, pancreatic ductal leak, and perforation. Often multiple sessions are required to achieve successful retrieval. Peroral pancreatoscopy (POPS) for direct visualization of the main pancreatic duct was initially described in 1976 by Kawai et al. [1]. Pancreatoscopy is used for visualization and histological diagnosis of intraductal papillary mucinous neoplasms [2,3], and also to delineate pancreatic duct strictures and to differentiate between benign and malignant disease. It is also used for lithotripsy of pancreatic ductal stones [3,4].

We report the case of a 9-year-old female patient with chronic pancreatitis. She had undergone pancreatic ductal stenting elsewhere, and presented to us with pancreatic pain. Endoscopic retrograde cholangiopancreatography (ERCP) showed a fractured and internally migrated pancreatic stent. The migrated stent fragments were removed in multiple sessions with the assistance of peroral pancreatoscopy. The proximal fragment of the stent was removed using foreign-body forceps and the distal fragment was removed using a retrieval snare and retrieval basket.

Endoscopy_UCTN_Code_CPL_1AK_2AG

Competing interests

The author declares no conflict of interest.

The authors

Shujaath Asif, Rakesh Kalpala, D. Nageshwar Reddy

Department of Medical Gastroenterology, Asian Institute of Gastroenterology, Hyderabad, India



Video 1 Removal of a fractured and internally migrated pancreatic stent by peroral pancreatoscopy.

Corresponding author

Shujaath Asif

Department of Medical Gastroenterology,
Asian Institute of Gastroenterology, Mind
space Road, AIG Lane, 500032 Hyderabad,
India

Fax: 91-40-2332 4255

asif.shujaath@gmail.com

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DOI <https://doi.org/10.1055/a-1122-8051>

Published online: 27.3.2020

Endoscopy 2020; 52: E359

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Stuttgart · New York

ISSN 0013-726X