Recanalization of an obstructive pancreaticojejunal anastomosis with direct visualization by using antegrade peroral pancreatoscopy

A 60-year-old man came to our hospital complaining of upper abdominal pain possibly due to stenosis of a pancreaticojejunal anastomosis with upstream dilation of the main pancreatic duct (▶ Fig. 1). Because an endoscopic transluminal approach via the afferent loop failed, we performed endoscopic ultrasound (EUS)-guided pancreatic drainage with a 19-gauge needle (EZ Shot 3 Plus; Olympus Co., Tokyo, Japan). However, no contrast medium flowed out of the dilated main pancreatic duct (arrow) (▶ Fig. 2). From fluoroscopy, no contrast medium flowed out of the dilated pancreatic duct. A 0.025-inch guide-wire could not be inserted across the anastomosis. A 7-Fr plastic stent was exchanged, 1 month later, for a 6-mm fully covered self-expandable metallic stent (Niti-S Biliary S-type Stent, Century Medical Co., Ltd., Tokyo, Japan) across the pancreaticogastrostomy to perform peroral pancreatoscopy (POPS) (▶ Fig. 3). A SpyGlass DS system (Boston Scientific Co., Marlborough, Massachusetts, USA) was used to perform POPS to visualize the anastomosis from the inside of the main pancreatic duct (▶ Video 1). We found the duct completely obstructed at the anastomotic site and covered with...
It was difficult to break through this obstruction even with POPS guidance. However, repeated poking with a guidewire partially broke the fibrotic tissues and a guidewire could finally be passed through the anastomosis. After dilation of this anastomosis using a 7-Fr catheter and a 6-mm balloon catheter, contrast medium immediately flowed from the main pancreatic duct to the jejunum. No procedure-related adverse events were observed, and the abdominal symptoms improved after treatment.

Although the efficacy of EUS-guided pancreatic drainage for stenosis of the pancreaticojejunostomy has been described [1, 2], the procedure is still challenging. Recently, the usefulness of cholangioscopy for stenosis of the biliary enteric anastomosis has been reported [3, 4]. Therefore, direct visualization using POPS via EUS-guided pancreaticogastrostomy appears to be a promising alternative method if fluoroscopic interventions have failed.

The authors declare they have no conflict of interest.

Yujiro Kawakami1,2, Shinsuke Koshita1, Yoshihide Kanno1, Takahisa Ogawa1, Toji Murabayashi1, Hiroshi Nakase2, Kei Ito1
1 Department of Gastroenterology, Sendai City Medical Center, Sendai, Japan
2 Department of Gastroenterology and Hepatology, Sapporo Medical University School of Medicine, Sapporo, Japan

References


Bibliography

DOI https://doi.org/10.1055/a-1133-4304
Published online: 27.3.2020
Endoscopy 2020; 52: E376–E377
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at
https://mc.manuscriptcentral.com/e-videos

Corresponding author

Yujiro Kawakami, MD
Department of Gastroenterology, Sendai City Medical Center, 5-22-1, Tsurugaya, Miyagino-ku, Sendai 9830824, Japan
Fax: +81-22-252-9431
yujiro.kawakami@gmail.com