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 (►Fig. 2), and a 0.025-inch guidewire could not be inserted across 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 pancreaticojejunal anastomosis has been described [1, 2], the procedure is still challenging. Recently, the usefulness of cholangioscopy for stenosis of the biliaryenteric 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.

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Competing interests

The authors declare they have no conflict of interest.

The authors

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


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

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