Endoscopic ultrasound-guided choledochoduodenostomy (EUS-CDS) is a potential procedure for primary drainage in unresectable malignant distal biliary obstruction and can replace endoscopic retrograde cholangiopancreatography. However, adverse events following EUS-CDS are occasionally reported, the most common being bile leak due to fistula dilation [1,2]. The safety of EUS-CDS without fistula dilation using two types of thin, fully covered self-expandable metallic stents (FCSEMSs) has been previously reported [3–5]. Here we report a case in which EUS-CDS without fistula dilation was successfully performed using a novel FCSEMS with a 5.9-Fr delivery system (Hanarostent Benefit; M.I.Tech, Seoul, Korea) (Fig. 1).

A 62-year-old man who had received chemotherapy for unresectable pancreatic body cancer developed a distal biliary obstruction. Computed tomography revealed a 25-mm mass on the pancreatic body and a dilated common hepatic duct (CHD) (Fig. 2a). We performed EUS-CDS for primary drainage. The dilated CHD was localized using a forward-viewing echoendoscope (TGF-UC260J; Olympus Medical Systems, Tokyo, Japan) from the duodenal bulb (Fig. 2b). First, the CHD was punctured with a 19-gauge needle (EZ Shot 3 Plus; Olympus Medical Systems). Cholangiography revealed a dilated CHD with distal obstruction. Second, a 0.025-inch guidewire (M-Through; ASAHI INTECC Corp., Tokyo, Japan) was inserted into the B4 branch. Fistula dilation was avoided, and the novel FCSEMS (8 mm × 6 cm) was passed through the duodenum and CHD wall smoothly. Finally, the stent was placed in the CHD from the duodenal bulb (Fig. 3, Fig. 4; Video 1).

No adverse events occurred during or after the procedure.

In previous reports, EUS-CDS without fistula dilation was performed using the FCSEMSs with a 7-Fr or 7.5-Fr delivery system, with 31.6%–100% technical success rate [3–5]. This is the first report discussing EUS-CDS without fistula dilation using a FCSEMS with a 5.9-Fr delivery system, which is the thinnest ever commercially available delivery system and is capable of simpler and safer EUS-CDS procedures.

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Competing interests

The authors declare that they have no conflict of interest.
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References


▶ Fig. 3 Endoscopic ultrasonography-guided choledochoduodenostomy without fistula dilation. a The common hepatic duct (CHD) was punctured with a 19-gauge needle. b Cholangiography revealed a dilated CHD with a distal obstruction. c A 0.025-inch guidewire was inserted into the B4 branch, and the fully covered self-expandable metal stent (FCSEMS) was inserted into the CHD without fistula dilation. d The FCSEMS was deployed into the CHD.

▶ Fig. 4 Image findings after the procedure. a Fluoroscopic image. b Endoscopic image.
Video 1 The video shows an endoscopic ultrasonography-guided choledochoduodenostomy without fistula dilation performed using a novel fully covered self-expandable metal stent with a 5.9-Fr ultra-thin delivery system.