A 93-year-old man with a recent history of acute coronary syndrome presented with upper right abdominal pain and jaundice. Laboratory analysis showed leukocytosis, elevated C-reactive protein, hypertransaminasemia, and cholestasis (total bilirubin 4.39 mg/dL, alkaline phosphatase 137 U/L, and γ-glutamyltransferase 287 U/L). Abdominal ultrasonography revealed acute cholecystitis with a dilated common bile duct. The patient was not a surgical candidate. A comprehensive endoscopic approach was offered, combining endoscopic retrograde cholangiopancreatography (ERCP) with endoscopic ultrasound-guided gallbladder drainage (EUS-GBD) with a lumen-apposing metal stent (LAMS) in the same session.

First, ERCP was performed. After selective biliary cannulation and endoscopic sphincterotomy, an impacted stone was removed. A small amount of pus drained. Final cholangiogram showed no residual stones and absence of gallbladder filling (Fig. 1). Initially, transpapillary gallbladder drainage was attempted, but it was impossible to advance a guidewire through the cystic duct into the gallbladder.

EUS-guided cholecystogastrostomy was performed in tandem. EUS identified a distended gallbladder with gallstones. Gallbladder drainage was achieved by placing a 15-mm × 10-mm electrocautery-enhanced LAMS (Hot Axios; Boston Scientific, Marlborough, Massachusetts, USA) with freehand technique. After stent placement, a large amount of pus drained into the stomach from the gallbladder (Fig. 2). The echoendoscope was exchanged for a gastroscope. The LAMS was dilated with a 12-mm balloon. The gastroscope was then advanced into the gallbladder, showing multiple stones. The gallstones were removed with a Roth net snare, irrigation, and suction. Final cholecystoscopy showed a clean gallbladder (Video 1). Complete procedure time (including ERCP and EUS-GBD) was 40 min. The patient improved rapidly, starting oral feeding on day 1. His liver function tests normalized and he was discharged on day 2 without adverse events.

EUS-GBD is an effective and safe technique for the treatment of acute cholecystitis and choledocholithiasis in a nonsurgical patient.
Cystitis in high-risk patients [1] and represents an alternative to percutaneous cholecystostomy without the morbidity and inconvenience of external drain placement [2]. When acute cholecystitis coexists with choledocholithiasis in patients unfit to undergo surgery, a single-step procedure performed with ERCP plus EUS-GBD with a LAMS has a high technical and clinical success rate when performed by experienced endoscopists, with low complication and reintervention rates [3]. In conclusion, this case demonstrates a successful dual endoscopic approach to biliary stone disease in a single-session combined procedure, in a patient unfit for surgery, avoiding external drainage, potentially simplifying logistics, and saving hospitalization costs.

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Competing interests

Dr. Villarroel is a consultant for Boston Scientific. Dr. Perez-Miranda is a consultant for Boston Scientific and M.I.Tech and has lectured for Boston Scientific, Taewoong, and Olympus. No conflicts have been declared by Dr. de la Serna-Higuera.

The authors

Mariano Villarroel [1, 2], Carlos de la Serna-Higuera [2], Manuel Pérez-Miranda [2]

1 Gastroenterology Department, Hospital Británico, Buenos Aires, Argentina

2 Gastroenterology Department, Hospital Universitario Rio Hortega, Valladolid, Spain

Corresponding author

Mariano Villarroel, MD

Gastroenterology Department, Hospital Británico, 74 Perdriel (C1280 AEB), Buenos Aires, Argentina

villarroelmariano@gmail.com

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