A 68-year-old man was admitted with vomiting and jaundice. He had undergone total gastrectomy and Roux-en-Y jejunojejunostomy for cardiac cancer a year earlier. Magnetic resonance imaging indicated abdominal tumor metastasis and dilatation of the intrahepatic bile ducts.

A cap-assisted adult colonoscope was used for endoscopic biliary drainage owing to abnormal anatomy. A jejunal stricture was found near the esophagojejunostomy and a balloon was applied to dilate the stricture (▶ Fig.1). The colonoscope then passed through the stenosis into the duodenum. However, the papilla could not be reached because of the duodenal stricture, which was confirmed after injection of contrast agent (▶ Fig.2). Vomiting was not relieved after endoscopic dilation and a 22-mm-diameter uncovered metal stent was inserted (▶ Fig.3). After 2 days, a guidewire was percutaneously inserted into the intrahepatic bile duct (▶ Fig.4). A metal stent, 8 mm in diameter and 10 cm in length was endoscopically inserted into the bile duct across the biliary and duodenal stricture (▶ Fig.5).

E-Videos

Video 1 Percutaneous-endoscopic rendezvous via cap-assisted adult colonoscope for endoscopic retrograde cholangiopancreatography after total gastrectomy.
hepatic bile duct and on to the intestine through the papilla under X-ray guidance. The cap-assisted adult colonoscope entered the afferent limb and the guidewire was grasped by a biopsy forceps and pulled out through the endoscopy channel. Cholangiography indicated significant stricture of the common bile duct (▶ Fig. 4). A self-expandable metal stent, 8 mm in diameter and 10 cm in length was endoscopically inserted into the bile duct across the biliary and duodenal stricture, which also allowed further endoscopic interventions when needed (▶ Fig. 5). A nasobiliary tube was placed within the bile duct for better biliary drainage and the guidewire was then removed (▶ Video 1). The patient’s symptoms resolved and he was discharged after 1 week.

Balloon-assisted enteroscopy is commonly applied for endoscopic retrograde cholangiopancreatography (ERCP) in patients with total gastrectomy and Roux-en-Y jejunojejunostomy [1]. However, special instruments and small-caliber endoscope channel limit its application [2]. In this novel approach, we applied an adult colonoscope with cap to perform ERCP, and percutaneous rendezvous was useful when the papilla could not be reached.

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Competing interests

The authors declare that they have no conflict of interest.

The authors

Zhenghong Li, Weiming Dai, Lijuan Yang, Rong Wan, Xiaobo Cai
Department of Gastroenterology, Shanghai General Hospital, Shanghai Jiaotong University, School of Medicine, Shanghai, China

Corresponding author

Xiaobo Cai, MD
Department of Gastroenterology, Shanghai General Hospital, School of Medicine, Shanghai Jiaotong University, Haining Road 100, Shanghai 200080, China
Fax: +86-21-63240090
caixiaobo1979@hotmail.com

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