Severe acute pancreatitis often causes walled-off necrosis (WON). Despite recent reports of endoscopic transgastric necrosectomy using a lumen-apposing metal stent [1,2], treatment strategies for WON remain challenging.

A 53-year-old man with recurrence of ampullary adenoma underwent endoscopic treatment with argon plasma coagulation. Severe acute pancreatitis developed, which was managed conservatively. Four weeks later, the patient presented with fever, abdominal pain, and a significant rise in C-reactive protein. Contrast-enhanced computed tomography (CE-CT) revealed extensive pancreatic necrosis and acute necrotic collections (Fig. 1). Percutaneous drainage of the left subphrenic space was performed initially using a 12-Fr tube due to insufficient encapsulation. Then, we performed...
endoscopic necrosectomy four times using a gastroscope (GIF-Q260J; Olympus) via the percutaneous route. The patient’s general condition improved, but a fistula with the small intestine was suspected. CE-CT revealed a significant reduction in the volume of necrotic collections and the presence of a collection deeper in the pelvis (▶Fig. 2). We inferred that a fistula with the small intestine had formed in this area, but we could not detect it. First, we attempted access using endoscopic ultrasound (UCT260; Olympus), but we could not insert the scope owing to its large diameter. We then tried using endobronchial ultrasound (EBUS) (BF-UC290F; Olympus) (▶Video 1). The collection was visualized using EBUS with Sonazoid (perflubutane; GE Healthcare) and was punctured with a 21-G needle (NA-201SX-4021; Olympus). Contrast imaging confirmed a fistula with the small intestine (▶Video 1). We inserted a transnasal gastroscope (GIF-XP290N; Olympus) with a custom-made cap and water supply system and performed necrosectomy using a snare (SpyGlass Retrieval Snare; Boston Scientific) (▶Fig. 3). A drainage tube was inserted near the fistula. After three additional necrosectomy procedures, the patient’s condition improved and he was discharged.

EBUS and a transnasal gastroscope are very useful for drainage of necrotic collections when the route towards the pelvis is narrow with acute angles. The use of multiple devices was highly effective for treating this patient with severe WON.

Competing interests
The authors declare that they have no conflict of interest.

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References