Endoscopic transgastric cholecystectomy during direct endoscopic necrosectomy for walled-off necrosis of the pancreas

Pancreatic fluid collections may occur as a result of acute pancreatitis, although many spontaneously resolve. However, a subset of patients with necrotizing pancreatitis may develop symptomatic well-defined necrotic collections, classified as walled-off necrosis (WON) [1, 2].

A 54-year-old man who was admitted with moderately severe acute biliary pancreatitis made a good response to treatment and was discharged 4 days after admission. However, 60 days later, he returned with abdominal pain, vomiting, and delayed gastric outflow. A computed tomography (CT) scan showed an encapsulated heterogeneous pancreatic collection, measuring 11 × 18 cm, compatible with WON, and endoscopic treatment was chosen. Endoscopic ultrasound (EUS)-guided drainage was performed, with insertion of a 10-mm, 10-cm transgastric self-expandable metal stent (SEMS); however, he continued to have an intermittent fever and worsened clinically.

In the following weeks, he underwent two sessions of direct endoscopic necrosectomy, obtaining partial clinical improvement after the second. Magnetic resonance cholangiopancreatography (MRCP) 3 weeks after the EUS drainage showed intrahepatic biliary duct dilatation and a common bile duct filling defect. Endoscopic retrograde cholangiopancreatography (ERCP) was then performed, which showed a cystic duct/infundibulum biliary fistula and a small distal choledocholithiasis. Biliary sphincterotomy was performed, which allowed removal of a biliary stone and insertion of a 10-Fr, 10-cm biliary plastic stent. Pancreatography was then performed, which showed complete disruption of the main pancreatic duct with contrast extravasation (type IV-A Lera-Proença) [3]. A large amount of necrotic content and bile output through the necrosis was evident. Direct endoscopic necrosectomy was performed with a snare, and a large piece of tissue was removed along with the necrotic remains. This piece of tissue was removed through the mouth and was found to be the gallbladder, with three biliary stones contained within it (▶ Fig. 1). Upon review, it was possible to identify the gallbladder bed and the former location of the pancreas (▶ Fig. 2; ▶ Video 1). The patient progressed well, showing clinical and laboratory improve-
ment, and was discharged 7 days after the procedure.

Endoscopy_UCTN_Code_CCL_1AZ_2AH

Competing interests

The authors declare that they have no conflict of interest.

The authors

Marcos Eduardo Lera dos Santos¹, Igor Braga Ribeiro¹, Igor Mendonça Proença¹, Gabriel Mayo Vieira de Souza¹, Diogo Turiani Hourneaux de Moura¹,² Sergio Eiji Matuguma¹, Eduardo Guimarães Hourneaux de Moura¹
¹ Gastrointestinal Endoscopy Unit, Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, São Paulo, Brazil
² Division of Gastroenterology, Hepatology and Endoscopy, Brigham and Women’s Hospital – Harvard Medical School, Boston, Massachusetts, USA

Corresponding author

Igor Braga Ribeiro, MD
Av. Dr Enéas de Carvalho Aguiar, 225, 6th floor, block 3, Cerqueira Cesar, São Paulo – SP, 05403-010, Brazil
igorbraga1@gmail.com

References


Bibliography

Endoscopy
DOI 10.1055/a-1388-6254
ISSN 0013-726X
published online 2021
© 2021. Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos