Endobiliary radiofrequency ablation (RFA) can prolong the patency of bilateral metal stents (MS) in patients with malignant hilar biliary obstruction [1]. In addition, RFA is a potential treatment option for stent occlusion caused by ingrowth after MS placement [2]. However, there is no evidence of the feasibility of RFA in treating ingrowth after bilateral placement and the safety of repeated RFA remains unknown. Here, we describe a patient who underwent RFA reintervention for ingrowth occlusion after bilateral stent-by-stent (SBS) MS placement with RFA.

An 84-year-old woman with unresectable cholangiocarcinoma had undergone bilateral SBS placement using an uncovered MS (ZeoStent V, Zeon Medical, Tokyo, Japan), following RFA to the left and right hepatic duct strictures using Habib EndoHPB Catheter (Boston Scientific, Marlborough, Massachusetts, United States) and VIO300D generator (ERBE Elektromedizin GmbH, Tubingen, Germany). Six months after the procedure, obstructive jaundice recurred due to stent occlusion; thus, we performed endoscopic reintervention. After biliary cannulation, two guidewires were advanced into the left and right intrahepatic ducts.
tic bile ducts through each MS. A cholangioscope (SpyGlass DS; Boston Scientific) was subsequently inserted over the guidewire, and the cause of occlusion was determined to be an ingrowth in the hilar region. We then performed RFA to the ingrowth within each MS for 90 s at 7 W. Tissue debris was retrieved using a balloon catheter, and the stent lumen was successfully recanalized (▶ Fig. 1 and ▶ Video 1). The patient’s symptoms improved without adverse events, and the stents were patent during the follow-up period.

Conclusions
The management of stent occlusion after bilateral MS placement has not been established. Endobiliary RFA may be a useful option when treating ingrowth occlusion, especially after SBS placement.

Competing interests
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