Retrograde endosonography-guided hepaticojejunostomy after failed rendezvous in a patient with Roux-en-Y anastomosis

Percutaneous or endoscopic ultrasound-guided hepaticojejunostomy (EUS-HJS) is infrequently used for antegrade stent placement or dilation for subsequent endoscopic retrograde cholangiography (ERC) in stenotic bile ducts of patients with surgically altered anatomies [1–3]. However, an alternative approach is required in severe strictures precluding guidewire passage.

A 65-year-old woman who underwent subtotal stomach-preserving pancreaticoduodenectomy with Roux-en-Y anastomosis for Stage II pancreatic cancer 3 months prior presented with fever, jaundice, and tachycardia. Contrast computed tomography (CT) revealed biliary obstruction at the choledochojejunal anastomosis with no visible tumor (►Fig. 1). No bile was observed in the Roux limb and the choledochojejunal anastomosis could not be cannulated. Percutaneous transhepatic biliary drainage (PTBD) was performed and symptomatic improvement was observed.

While ERC using the rendezvous technique was attempted 10 days later, a guidewire inserted from the PTBD route could not pass through the stenotic anastomosis. A forward-viewing endosonoscope (TCF-UC260J; Olympus Corp., Tokyo, Japan) was therefore advanced near the anastomosis to identify the bile duct under EUS guidance. The enteric wall was punctured under EUS guidance using a 19-gauge EUS needle (EZShot3; Olympus) where the bile duct was viewed closest to the scope (►Fig. 2a, b). A guidewire was advanced into the intrahepatic bile duct and confirmed on fluoroscopy (►Fig. 2c). A plastic stent was placed after mechanical dilation (►Fig. 2d). Contrast injected from the PTBD catheter flowed smoothly into the Roux limb, confirming successful drainage (►Fig. 2e, ►Video 1). No complications were observed on follow-up CT and the patient was discharged 4 days later (►Fig. 3). The patient remained symptom-free at 24 months with periodic stent replacement.

While there are reports of conversion to EUS-guided hepaticogastrostomy for PTBD catheter internalization after ERC failure [4, 5], retrograde EUS-HJS may be another alternative in severe benign anastomotic stenosis when the anastomosis can be reached with a forward-viewing endosonoscope.

Competing interests

The authors declare that they have no conflict of interest.
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