A 56-year-old man presented to our department with abnormal liver function tests. Imaging studies showed a distal biliary stricture with dilated intrahepatic bile ducts (▶Fig. 1). An endoscopic ultrasound (EUS) revealed that there was continuous mild thickening of the wall of the upstream bile duct (▶Fig. 2a, b). Cholangiocarcinoma was suspected; therefore, an endoscopic retrograde cholangiography (ERC) and an intraductal ultrasound were performed, which showed circumferential thickening of the biliary wall (▶Fig. 2c, d). Mapping biopsies up to the hilar bile duct and targeted biopsies of the biliary stricture were taken using a novel device delivery system (EndoSheather; Piolax, Japan) (▶Fig. 3; ▶Video 1). As cancer cells were observed in both mapping and targeted biopsy samples (▶Fig. 4a), additional mapping biopsies were performed on the right and left hepatic ducts (▶Fig. 5), but no malignant cells were detected (▶Fig. 4b). Based on these imaging and pathological findings, a left hepatopancreatoduodenectomy was performed, and a negative surgical margin was confirmed.

There have been several reports describing the usefulness of mapping biopsies...
to determine an appropriate surgical procedure [1–4]; however, the existing methods have various challenges to overcome. The novel device delivery system that we have developed is composed of a tapered inner catheter and an outer sheath with a 1.9-mm inner diameter, which facilitates passage through the biliary stricture and allows insertion of a conventional biopsy forceps. This device enables multiple biopsies, with a sufficient sample volume, to be taken at various sites, including the peripheral bile ducts. Because the outer sheath serves as a conduit for the biopsy forceps, avoiding repeated and direct contact with the duodenal papilla and the malignant biliary stricture, post-ERC pancreatitis and contamination with cancer cells is prevented. The novel device delivery system is a promising tool to enable mapping biopsies to be taken faster, safely, and more accurately.

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Competing interests

The authors declare that they have no conflict of interest.

The authors

Tomoaki Matsumori, Norimitsu Uza, Masahiro Shiokawa, Takahisa Maruno, Takeshi Kuwada, Saiko Marui, Hiroshi Seno
Department of Gastroenterology and Hepatology, Graduate School of Medicine, Kyoto University, Kyoto, Japan

Corresponding author

Norimitsu Uza, MD
Department of Gastroenterology and Hepatology, Kyoto University Graduate School of Medicine, 54 Kawara-cho, Shogoin, Sakyo-ku, Kyoto, Japan
uzanori@kuhp.kyoto-u.ac.jp

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Fig. 4 Histological appearances of the hematoxylin and eosin (H&E)-stained bile duct specimens (scale bars, 50 μm) obtained from: a the hilar bile duct; b the right hepatic duct.

Fig. 5 Images of additional mapping biopsies being taken using the novel device delivery system (yellow arrows indicate the radiopaque marker at the tip of its outer sheath) from: a the right hepatic duct; b the left hepatic duct.