A 57-year-old man with multiple liver metastases associated with colonic cancer developed obstructive jaundice. Computed tomography and magnetic resonance cholangiopancreatography revealed a hilar bile duct stricture and intrahepatic bile duct dilatation. Therefore, endoscopic placement of a metal stent was planned. As the right hepatic lobe was largely occupied by tumors, unilateral placement in the left intrahepatic duct was attempted. After biliary cannulation, a 0.025-in. guidewire was placed over the stricture. Subsequently, a novel metal stent with a 5.4-Fr thumbwheel delivery system (Yabusame; Kaneka Medix, Osaka, Japan) (▶Fig. 1) was advanced through the stricture over the guidewire. Thereafter, the operator held the delivery system in the right hand and the shaft of the delivery system above the working channel of the duodenoscope in the left hand (▶Fig. 2). The metal stent was gradually released using the thumbwheel, while the stent’s position was adjusted by pulling the shaft. Finally, the stent was deployed in an optimal position across the stricture (▶Video 1). The patient’s symptoms improved rapidly without any adverse events.

Endoscopic deployment of a biliary metal stent is a common procedure [1], but misplacement sometimes occurs during the release of the stent, especially if the operator or assistant is a trainee. The operator and assistant have to be in sync with each other if misplacement is to be avoided. The present method allows the position of the stent to be controlled by one person during the deployment, which may make it easier to place the stent and adjust its position. This would be a useful option especially in situations where two physicians experienced at deploying metal stents are not available.

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Competing interests

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

Tadahisa Inoue, Mayu Ibukku, Rena Kitano, Yuji Kobayashi, Kiyoki Ito, Masashi Yoneda
Department of Gastroenterology, Aichi Medical University, Aichi, Japan

Corresponding author

Tadahisa Inoue, MD, PhD
Department of Gastroenterology, Aichi Medical University, 1-1 Yazakokarimata, Nagakute, Aichi 480-1195, Japan
tinoue-tag@umin.ac.jp

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