Double-balloon enteroscopy-assisted endoscopic retrograde cholangiopancreatography (DBE-ERCP) facilitates management of pancreatobiliary disorders in cases with surgically altered anatomy [1–3]. However, owing to difficulties in positioning the biliary orifice and obtaining a suitable angulation of the bile duct and endoscope, it can be challenging to access a peripheral bile duct during DBE-ERCP. Here we present a case where a migrated stent in the bile duct at segment III (B3) was successfully removed using the previously reported technique (▶ Video 1) [4].

A 61-year-old man with a history of Roux-en-Y reconstruction was referred to our institution for management of a migrated plastic stent (▶ Fig. 1). We inserted a double-balloon endoscope (EI-580BT; Fujifilm, Tokyo, Japan) and removed a plastic stent placed across the anastomosis site using a snare. Following biliary cannulation, a 0.025-inch guidewire was passed into B3. While we were attempting to grasp the migrated stent using a wire-guided basket catheter after balloon dilation of the anastomosis site, the stent migrated further into the peripheral portion of B3. Therefore, we added a looped nylon thread to one cup of the forceps (Radial Jaw 4 pediatric; Boston Scientific, Natick, Massachusetts, USA) and inserted the forceps with the loop over the positioned guidewire (▶ Fig. 2). The stent was readily grasped and withdrawn to the jejunum. We then withdrew the stent through the endoscope using the snare. Radial Jaw has been one of the most popular series of biopsy forceps and has hole(s) at each cup that enable the attachment of a looped thread. Wire-guided biopsy forceps are not available for DBE-ERCP owing to the limited length of the shaft [5]. The “zipline” technique during DBE-ERCP may facilitate target biopsy of the peripheral bile duct as well as stent removal.

Endoscopy_UCTN_Code_TTT_1AR_2AZ

Competing interests

Dr. Nakai declares research funding from Boston Scientific Japan, Century Medical, Fujifilm, Gadelius Medical, Hitachi Medical, Kaneka, and Medico’s Hirata. This work was not supported by any of those companies. The other authors declare no conflicts of interest related to this article.
The authors

Tsuyoshi Hamada1, Hirofumi Kogure1, Ryunosuke Hakuta1,2, Yousuke Nakai1,2, Kazuhiko Koike1

1 Department of Gastroenterology, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan
2 Department of Endoscopy and Endoscopic Surgery, The University of Tokyo Hospital, Tokyo, Japan

Corresponding author

Yousuke Nakai, MD
Department of Endoscopy and Endoscopic Surgery, The University of Tokyo Hospital, 7-3-1 Hongo, Bunkyo City, Tokyo 113-8655, Japan
Fax: +81-3-5800-9801
ynakai-tky@umin.ac.jp

References


Bibliography

Endoscopy
DOI 10.1055/a-1530-4969
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

Fig. 2 The “zipline” technique utilized to remove a migrated stent in B3. a Biopsy forceps with a looped nylon thread passed through the holes of one cup, which allows the forceps to be advanced over a guidewire. b Double-balloon enteroscopy-assisted cholangiogram delineating a migrated stent in B3. c The stent grasped via the zipline technique. We successfully passed the threaded forceps into B3. We readily grasped and removed the migrated stent.