The “pulling back method” for emergent transpapillary biliary drainage in a patient with a severe malignant duodenal stricture

A severe duodenal stricture may render transpapillary biliary drainage challenging. To overcome the inaccessible papilla, the use of a large balloon has been previously described as the “pushing method” and “hooking method” [1]. After large-balloon dilation of a duodenal stricture, an endoscope is pushed with a slightly deflated balloon in the “pushing method,” whereas a re-inflated balloon in the third portion of the duodenum is forcefully retracted into the working channel to allow the endoscope to advance in the “hooking method.” Here we report another large-balloon method to accomplish transpapillary biliary drainage through a severe duodenal stricture.

An 85-year-old woman who had been diagnosed with pancreatic head cancer 10 months previously was referred for the treatment of acute obstructive cholangitis. Urgent transpapillary biliary drainage using a side-viewing duodenoscope (JF-260V; Olympus Medical Systems, Tokyo, Japan) was attempted; however, a severe malignant stricture in the second portion of the duodenum prevented further passage of the endoscope (Fig. 1). Although a large-balloon catheter (Giga II, 16–18 mm; Century Medical, Tokyo, Japan) was advanced over a 0.025-inch guidewire, neither the “hooking method” nor the “pushing method” could accomplish the passage of the endoscope through the duodenal stricture. We therefore performed another method that we have called the “pulling back method.” First, the large balloon was inflated at the duodenal stricture. Next, the tip of the endoscope was advanced as far as possible adjacent to the inflated balloon. The endoscope was then pulled back while slightly deflating the balloon. Finally, the tip of the endoscope could be slipped through the duodenal stricture.
and biliary drainage was successfully achieved with the placement of two plastic stents (▶ Fig. 2; ▶ Video 1). After complete resolution of her cholangitis, the patient underwent endoscopic placement of an uncovered self-expanding metal stent (▶ Fig. 3) and was subsequently discharged without any further complications.

Endoscopy_UCTN_Code_TTT_1AR_2AK

Competing interests

The authors declare that they have no conflict of interest.

The authors

Sho Kitagawa, Keiya Okamura, Hiroyuki Miyakawa
Department of Gastroenterology, Sapporo Kosei General Hospital, Sapporo, Japan

Corresponding author

Sho Kitagawa, MD
Department of Gastroenterology, Sapporo Kosei General Hospital, Kita 3 Higashi 8, Chuo-ku, Sapporo 060-0033, Japan
bossa0405@yahoo.co.jp

Reference


Bibliography

Endoscopy 2022; 54: E588–E589
DOI 10.1055/a-1704-8026
ISSN 0013-726X
published online 21.12.2021
© 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 an open 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. Processing charges apply (currently EUR 375), discounts and wavers acc. to HINARI are available.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos