Facile and secure deployment of plastic stent through an endoscopic tapered sheath for endoscopic ultrasound-guided drainage

Endoscopic ultrasound (EUS)-guided drainage is a promising treatment for a variety of conditions, such as obstructive jaundice and peripancreatic fluid collection [1, 2]. Despite recent improvement in stents, EUS-guided drainage is often complicated because it is sometimes difficult to pass a plastic stent, especially a double pigtail stent, through a fistula even after dilation. Therefore, we used a newly developed endoscopic tapered sheath (EndoSheather; Piolax, Inc., Kanagawa, Japan) (Fig. 1, Fig. 2) [3] in two patients. This device allows fistula dilation and subsequent easy insertion of the plastic stent (up to 6 Fr in diameter) through the indwelling outer sheath, which bridges to the target space, thereby eliminating the need to remove the device. Hence, this technique may improve the outcomes of EUS-guided drainage, especially when performed by novice interventional endoscopists.

Case 1: A 90-year-old man with hilar cholangiocarcinoma and obstructive cholangitis in the posterior segmental branches of the bile duct underwent EUS-guided hepaticoduodenostomy. The B7 bile duct was punctured from the duodenum using a 19-gauge needle, and a 0.025-inch guidewire was placed. Then, the endoscopic tapered sheath was inserted into the bile duct to dilate the fistula. The inner catheter was removed, and the outer sheath was left in place inside the bile duct. Finally, a 6 Fr double pigtail plastic stent (Zimmon; Cook Medical Inc., Winston-Salem, North Carolina, USA) was deployed through the outer sheath (Fig. 3).

Case 2: A 74-year-old man with three cavities of infected walled-off necrosis underwent EUS-guided transmural drainage. Multiple plastic stents were deployed through the single gate [4]. The cavity was punctured using a 19-gauge needle, and a 0.025-inch guidewire was placed. Then, the endoscopic tapered...
sheath was used to dilate the fistula, and two additional guidewires were inserted into each cavity. Subsequently, two 6 Fr double pigtail plastic stents followed by a 6 Fr pigtail nasobiliary drainage tube were deployed through the outer sheath in sequence (▶ Fig. 4, ▶ Fig. 5, ▶ Video 1).

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**Bibliography**

Endoscopy

DOI 10.1055/a-1747-3162
ISSN 0013-726X
published online 2022
© 2022. Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

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