Acute cholangitis after over-the-scope clip placement involving the duodenal papilla that was rescued by antegrade stenting via the percutaneous transhepatic biliary drainage route

The over-the-scope (OTS) clip (Ovesco Endoscopy, Tübingen, Germany) has been developed and is widely used for the treatment of gastrointestinal perforations and fistulas [1]. However, when the perforation or fistula is located near the duodenal papilla, the use of OTS clips poses a potential risk of acute obstructive cholangitis or pancreatitis from involvement of the papilla [2]. Herein, we report a case of acute cholangitis after OTS clip placement involving the duodenal papilla, which was rescued by antegrade stenting via the percutaneous transhepatic biliary drainage (PTBD) route.

A 72-year-old woman was transferred from another hospital for the treatment of walled-off pancreatic necrosis (WON) after post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis (▶ Fig. 1), and percutaneous drainage was performed. Contrast injected via the percutaneous tube 12 days after the procedure revealed a fistula between the WON and the duodenum (▶ Fig. 2). Because the infected WON was well controlled, closure of the endoscopic fistula was performed with two OTS clips (▶ Video 1). The day following the procedure, the patient developed abdominal pain and fever, and a computed tomography scan showed bile duct obstruction due to the OTS clip. Endoscopy revealed that the duodenal...
papilla had been caught in the clip, and PTBD was performed (▶Fig.3). Antegrade stenting via the PTBD route was successfully achieved 14 days later (▶Fig.4). Subsequently, after repeated biliary stent replacement, the OTS clips spontaneously dislodged. The patient has remained symptom-free after stent removal.

When closing a fistula of the duodenum, it is often difficult to secure a clear visual field owing to the narrow lumen and edematous mucosa surrounding the lesion. The findings from this case suggest that, when a fistula is located near the duodenal papilla, endoscopists should consider prophylactic measures, such as biliary and pancreatic stenting, or placement of a standard endoclip between the fistula and the duodenal papilla [3].

Endoscopy UCTN_Code CPL_1AK_2AI

Competing interests

A. Katanuma has received lecture fees from Olympus Co., Tokyo, Japan. The remaining authors declare that they have no conflict of interest.

The authors

Kosuke Iwano, Haruka Toyonaga, Tsuyoshi Hayashi, Tatsuya Ishii, Toshifumi Kin, Kuniyuki Takahashi, Akio Katanuma
Center for Gastroenterology, Teine-Keijinkai Hospital, Sapporo, Hokkaido, Japan

Corresponding author

Kosuke Iwano, MD
Center for Gastroenterology, Teine-Keijinkai Hospital, 1-40, 12-chome, 1-jou, Maeda, Teine-ku, Sapporo 006-0811, Hokkaido, Japan
ksk.own@gmail.com

References


Bibliography

Endoscopy
DOI 10.1055/a-1826-2496
ISSN 0013-726X
published online 2022 © 2022. The Author(s).
This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (https://creativecommons.org/licenses/by-nc-nd/4.0/)
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 waivers acc. to HINARI are available.

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