The “straighten pigtail” technique for selective replacement of a pigtail plastic stent

In cases of malignant hilar biliary obstruction (MHBO), a biliary stent should be selectively placed in the biliary branch where the drainage effect is most expected on the basis of preoperative imaging studies. Thus, stent replacement or conversion to a metal stent should be performed in the bile duct where the stent was previously placed [1–3]. For stent replacement, the snare-over-the-guidewire (SOG) technique is reportedly useful for hilar biliary stenosis [4, 5]. However, the SOG technique is limited to straight plastic stents and cannot be performed with pigtail plastic stents, which are often used for MHBO – so there is a gap between usefulness and general usability.

Herein, we report a modified SOG technique, the “straighten pigtail” technique, that can be used for pigtail plastic stents.

A 78-year-old man with MHBO required replacement of a pigtail plastic stent inserted in the right posterior branch. During the initial drainage treatment, manipulation of the guidewire to the right posterior branch was challenging; therefore, a safe and reliable replacement method was desired.

First, a catheter was integrated and advanced through the scope to the duodenum (▶ Fig. 1). Then, a 0.025-inch angled guidewire was inserted into the pigtail portion of the stent lumen and advanced with rotational torque to successfully insert it into the bile duct where the plastic stent had been inserted (▶ Fig. 2).

Next, a snare was inserted through the catheter and the tip of the pigtail portion was grasped (▶ Fig. 3). The pigtail portion was then carefully pulled into the scope and straightened (▶ Fig. 4). This straightening enabled the removal of only the plastic stent while leaving the guidewire, and thus “selective” stent replacement was successful (▶ Fig. 5, ▶ Video 1).

This “straighten pigtail” technique ensures accuracy and ease in the replacement of pigtail plastic stents. This can be a useful option not only in MHBO cases but in daily practice as a selective stent replacement technique for pigtail plastic stents.

The authors

Mamoru Takenaka, Tomohiro Fukunaga, Akihiro Yoshida, Shunsuke Omoto, Masatoshi Kudo
Department of Gastroenterology and Hepatology, Kindai University Faculty of Medicine, Osaka-Sayama, Japan

Competing interests

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

Mamoru Takenaka, MD
Department of Gastroenterology and Hepatology, Kindai University Faculty of Medicine, 377-2 Ohno-Higashi, Osaka-Sayama, 589-8511, Japan
mamoxyo45@gmail.com

References


Bibliography

Endoscopy
DOI 10.1055/a-1894-6956
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

Fig. 3 A snare is inserted through the catheter and the tip of the pigtail portion of the plastic stent is grasped.

Fig. 4 The pigtail portion is carefully pulled into the scope and straightened.

Fig. 5 This straightening makes it possible to remove only the plastic stent while leaving the guidewire.
Video 1 Demonstration of the “straighten pigtail” technique in selective replacement of a pigtail plastic stent in a 78-year-old patient with hilar malignant biliary obstruction.