Successful detection of choledochojunal and pancreaticojejunal anastomotic strictures using a novel form of texture and color enhancement imaging

Although the effectiveness of image-enhanced endoscopy (IEE) has been widely reported in the management of gastrointestinal tract lesions [1], its effectiveness in the pancreaticobiliary region is not yet established. Recently, a novel IEE tool called texture and color enhancement imaging (TXI; Olympus, Tokyo, Japan) has been launched; TXI has two modes: mode 1, which enhances brightness, texture, and color contrast; and mode 2, which enhances brightness and texture [2]. Herein, we report two cases in which we successfully detected the sites of choledochojunal and pancreaticojejunal anastomotic strictures using TXI (Video 1).

A 76-year-old woman underwent endoscopic retrograde cholangiopancreatography using balloon-assisted enteroscopy (BE-ERCP) for cholangitis with intrahepatic stones due to a choledochojunal anastomotic stricture after living-donor liver transplantation with Roux-en-Y reconstruction (Fig. 1). We successfully reached the end of the Roux limb; however, we could not detect the anastomosis under white-light imaging (WLI) because of the obstruction at the anastomotic site. While observing the afferent limb under TXI, we noticed a subtle whitish scar, suggestive of the choledochojunal anastomotic stricture (Fig. 2). Biliary intervention was attempted at this site, and the intrahepatic bile duct stones were completely removed after balloon dilation of the choledochojunal anastomotic stricture.
A 61-year-old man underwent BE-ERCP for pancreatitis due to a pancreaticojejunal anastomotic stricture after pancreatoduodenectomy (▶ Fig. 3). We reached the end of the Roux-en-Y limb and detected a reddish scar under WLI (▶ Fig. 4); however, a distinct hole was observed in the scarred tissue under TXI, which we reliably identified as the pancreaticojejunal anastomotic stricture. After performing balloon dilation of the pancreaticojejunal anastomotic stricture, we were finally able to successfully place a 7-Fr plastic stent into the pancreatic duct.

Choledochojejunostomy and pancreaticojejunal anastomotic strictures are delayed complications following hepaticopancreatobiliary surgery. Although BE-ERCP has been widely performed to treat such strictures [3], detecting the anastomotic site is sometimes challenging [4, 5]. TXI is a useful IEE method to detect choledochojejunostomy and pancreaticojejunal anastomotic strictures.

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Competing interests

A. Katanuma has received lecture fees from Olympus Co., Tokyo, Japan. T. Ishii, K. Iwano, T. Kin, R. Nakamura, K. Takahashi, and H. Toyonaga declare that they have no conflicts of interest.

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