Endoscopic ultrasound-guided transduodenal ERCP for hepatico-jejunostomy stricture

A 75-year-old man was referred for management of a hepaticojejunostomy (HJS) stricture following HJS performed for a bile duct injury during cholecystectomy 3 months prior. A short-type double-balloon enteroscopy (DBE) was attempted but was unsuccessful due to inability to reach the HJS. Endoscopic ultrasound (EUS)-guided transduodenal endoscopic retrograde cholangiopancreatography (ERCP) for management of the HJS stricture was planned [1].

An EUS-guided duodenum–afferent limb bypass was first performed with a lumen-apposing metal stent (LAMS) between the duodenum and the afferent limb (▶Fig. 1). On EUS, the afferent limb was identified from the duodenum and punctured with a 19G needle (EZshot 3; Olympus Medical, Tokyo, Japan) (▶Video 1). The afferent limb was distended by infusion of 500 ml of normal saline mixed with indigo-carmine and contrast medium. Over a 0.025-inch guidewire, the delivery system of the cautery-enhanced LAMS delivery system (Hanarosent Z-EUS IT; M.I. Tech, Gyeonggi-do, South Korea) was inserted and a 16 × 20-mm stent was deployed into the afferent limb (▶Fig. 2, ▶Fig. 3) [2]. ERCP was subsequently performed after 3 days with a dual-channel endoscope inserted into the afferent limb via the LAMS. The HJS (▶Fig. 4) was dilated with a 6-mm biliary balloon (Hurricane Biliary RX; Boston Scientific, Marlborough, Massachusetts, USA). Two plastic stents were inserted into bilateral intrahepatic ducts.

The patient was discharged on post-procedure day 2. No other complications or unplanned procedure occurred on follow-up. The patient underwent stent exchange at 6 months. No residual stricture was evident on cholangiogram at 9 months post-procedure. The HJS stricture occurs in up to 12.5% of patients at 2 years post hepatico-jejunostomy [3]. In this patient with an HJS stricture after Roux-en-Y HJS, EUS-guided duodenum–afferent limb bypass was successful for access to the HJS for ERCP after failed DBE-assisted ERCP.

Endoscopy_UCTN_Code_TTT_1AR_2AG
Conflict of Interest
Prof. Anthony Y.B. Teoh is a consultant for Boston Scientific, Cook, Taewoong, Microtech and Mi Tech Medical Corporations. Other authors do not have any conflicts of interest to disclose.

The authors
Jun Liang Teh¹, Shannon M Chan², Hon Chi Yip², Anthony Yuen Bun Teoh¹
1 Department of Surgery, Chinese University of Hong Kong, Hong Kong, Hong Kong
2 Department of Surgery, Chinese University of Hong Kong, Hong Kong, Hong Kong

Corresponding author
Anthony Yuen Bun Teoh, MD
Department of Surgery, Prince of Wales Hospital, The Chinese University of Hong Kong, 30-32 Ngan Shing Street, Shatin, New Territories, Hong Kong
Anthony.YB.Teoh@hksh.com

References

Bibliography
Endoscopy 2024; 56: E25–E26
DOI 10.1055/a-a2218-2260
ISSN 0013-726X
© 2024. The Author(s).
This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited. (https://creativecommons.org/licenses/by/4.0/)
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany