Inspection of intraductal papillary mucinous neoplasm via the papilla using a novel slim pancreatoscope under balloon enteroscopy

Peroral pancreatoscopy (POPS) is useful for the direct visualization of intraductal lesions in the pancreatic duct [1–3]. However, POPS in patients with Roux-en-Y anastomosis via the papilla under balloon enteroscopy is difficult because pancreatoscopes are approximately 10 Fr in diameter and cannot pass through the forceps channel of the balloon enteroscope. We report a successful inspection of an intraductal papillary mucinous neoplasm (IPMN) using a novel slim pancreatoscope under balloon enteroscopy in a patient with Roux-en-Y gastrectomy.

A 74-year-old man had undergone total gastrectomy with Roux-en-Y for gastric cancer 4 years earlier. On referral to our facility, computed tomography and magnetic resonance imaging revealed pancreatic duct dilation and a pancreatic cyst in the tail region (▶Fig. 1). Endoscopic ultrasonography revealed pancreatic duct dilation and a pancreatic cyst with a suspected mural nodule connected with the main pancreatic duct (▶Fig. 2). Therefore, endoscopic retrograde cholangiopancreatography (ERCP) was performed using a short-type single-balloon enteroscope (SIF-H290; Olympus, Tokyo, Japan) with a working length of 152 cm and a working channel diameter of 3.2 mm [4, 5]. Additionally, POPS was performed using a slim pancreatoscope (DRES Slim Scope; Japan Lifeline, Tokyo, Japan) with a length of 195 cm and a diameter of 2.6 mm (▶Fig. 3, ▶Video 1). Endoscopic findings revealed mucus discharge from the papilla (▶Fig. 4a). Pancreatography revealed defects in the pancreatic tail (▶Fig. 4b). Subsequently, POPS was performed using a slim pancreatoscope. A villous, protruding lesion was observed in the tail of the pancreatic duct, whereas no lesions were observed in the head and body of the pancreatic duct (▶Fig. 5). Finally, we diagnosed the patient with IPMN with mural nodules in the tail of the pancreatic duct. Although POPS via the papilla is considered difficult in patients with Roux-en-Y anastomosis under balloon enteroscopy, this novel slim pancreatoscope makes it possible, potentially improving the diagnostic yield in such patients.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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▶ Fig. 5 Peroral pancreatoscopy findings. a, b A villous, protruding lesion in the tail of the pancreatic duct. c No lesions were observed in the head of the pancreatic duct. d No lesions were observed in the body of the pancreatic duct.