Endoscopic retrieval of a proximally migrated pancreatic stent: variation of the lasso technique

Many devices have proved to be useful to retrieve proximally migrated pancreatic stents [1,2]. The lasso technique involves inserting a guide wire through the lumen of the migrated stent followed by insertion of a partially opened polypectomy snare over the wire to grasp the stent [3].

We present the case of a 72-year-old woman with recurrent acute biliary pancreatitis, who underwent endoscopic retrograde cholangiopancreatography (ERCP) for biliary sphincterotomy due to high surgical risk. During the ERCP procedure, a flared pancreatic stent (diameter 5 Fr; length 5 cm) was placed. However, in spite of the stent, the patient developed pancreatitis. A computed tomography (CT) scan showed proximal migration of the stent (Fig. 1), and another ERCP procedure was carried out to retrieve it.

The pancreatic duct was deeply cannulated with a guide wire introduced alongside it, and the polypectomy snare inserted over the wire at the level of the genu (Fig. 2). At this point, we gently opened the snare (Fig. 4) and manipulated it until we had lassoed the stent.
We then extracted the entire stent pulling the snare and the wire simultaneously (Fig. 5).

The patient had an uneventful recovery following the procedure.

The present variation of the previously described lasso technique [3] consists of inserting the guide wire alongside the stent rather than through the stent lumen. Like the original technique, this maneuver allowed us to gently insert a polypectomy snare into the pancreatic duct up to the level of the genu, and then open it within the pancreatic duct to lasso the stent and wire and extract them simultaneously. Since the guide wire was deeply placed in the pancreatic duct, further access to the pancreatic duct was maintained without the need for recannulation.

**Endoscopy_UCTN_Code_TTT_1AR_2AZ**

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**References**


**Bibliography**

Endoscopy 2010; 42: E5 – E6
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

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