Closure with an over-the-scope clip allows therapeutic ERCP to be safely performed after acute duodenal perforation during diagnostic endoscopic ultrasound

The use of endoscopic ultrasound (EUS) before endoscopic retrograde cholangiography (ERC), if performed, can prevent two-thirds of unnecessary ERC procedures [1]. Duodenal perforation during diagnostic EUS occurs with an incidence of less than 1% [2]. When perforation does occur, surgical or conservative management is possible. Surgery permits simultaneous management of duodenal perforation and sealing the wound with aspirated greater omentum [3]. Conservative treatment of the perforation and any biliary pathology if present [3]. In each case after the perforation had been successfully closed, endoscopic sphincterotomy was performed to re-establish biliary drainage (Fig. 2a); however, contrast medium was injected under pressure and no leakage was detected (Fig. 2b).

In conclusion, an OTSC is a reliable device in the treatment of acute accidental gastrointestinal perforation during EUS, which allows therapeutic ERC to be performed immediately afterwards.

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Fig. 1 Endoscopic views showing the over-the-scope clip (OTSC) following its release, successfully closing the perforation with aspirated greater omentum: a patient #1; b patient #2.

Fig. 2a, b, c See following page.
Fig. 2 Radiographic views showing: a the over-the-scope clip (OTSC) in place with a small pneumoperitoneum visible; b the appearance after through-the-scope injection of contrast medium with no leakage of contrast, confirming a watertight outcome following placement of the OTSC; c therapeutic endoscopic retrograde cholangiography (ERC) being performed following closure with an OTSC of the acute duodenal perforation that occurred during diagnostic endoscopic ultrasound (EUS).