Endoscopic removal of a proximally migrated pancreatic stent using a gooseneck snare

The effectiveness of pancreatic stents for prevention of post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis is widely recognized [1]. However, proximal migration of a pancreatic stent is occasionally encountered, potentially necessitating surgical intervention [2, 3]. A gooseneck snare (Amplatz Goose-Neck Microsnare Kit; Covidien, Irvine, California, USA), which was originally developed for removing intravascular foreign bodies [4], is a microsnare that forms a 90° angle just after exiting the outer sheath (Fig. 1). We herein describe a useful technique for endoscopic removal of a proximally migrated pancreatic stent using this snare.

A 72-year-old man required endoscopic removal of common bile duct stones. Whilst he was undergoing the procedure, a one-sided pigtail pancreatic stent (Daimon T stent, 5Fr, 5 cm; Silux, Saitama, Japan) was incorrectly placed in the main pancreatic duct (MPD). Impaction of its pigtail end into a branch of the pancreatic duct and the non-dilated MPD (Fig. 2) inhibited the removal of the stent with a small-diameter snare, basket, balloon catheter, and biopsy forceps.

The patient was referred to our institution and ERCP was carried out. Access to the MPD was obtained with a conventional cannula (ERCP catheter; MTW-Endoskopie, Wesel, Germany) and 0.035-inch hydrophilic guidewire (Radifocus; Terumo, Tokyo, Japan). The catheter was passed alongside the stent to the tail of the pancreas. A gooseneck snare (4-mm-wide loop, 175-cm long) was then detached from its accessory sheath and inserted through the prepositioned catheter. As the snare was withdrawn, its loop passed over the pancreatic stent until it reached the bend in the pigtail portion of the stent (Fig. 3a). With the pigtail portion therefore grasped by the loop of the snare, further withdrawal of the snare allowed the stent to be easily pulled back into the duodenum (Fig. 3b and Fig. 4; Video 1).

Endoscopic removal of a pancreatic stent located in the MPD is technically demanding [5]. A gooseneck snare can easily expand with a snare loop perpendicular to the MPD, making the stent easier to grasp.

Competing interests: None

Endoscopy_UCTN_Code_CPL_1AK_2AC

Kazunaga Ishigaki1, Tsuyoshi Hamada1, Hiroyuki Isayama1, Hirofumi Kogure1, Yousuke Nakai1, Tomonori Wada2, Kazuhiko Kolke1

1 Department of Gastroenterology, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan
2 Department of Gastroenterology, Sanraku Hospital, Tokyo, Japan
References


Bibliography

Endoscopy 2014; 46: E283–E284
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Hiroyuki Isayama, MD
Department of Gastroenterology,
Graduate School of Medicine
The University of Tokyo
7-3-1 Hongo Bunkyo-ku
Tokyo 113-8655
Japan
Fax: +81-3-38140021
isayama-tky@umin.ac.jp

Fig. 3  Fluoroscopic images of: a the gooseneck snare grasping the pigtail portion of the migrated pancreatic stent; b the pancreatic stent being pulled out of the pancreatic duct.

Fig. 4  The 5-Fr, 5-cm plastic pancreatic stent following its successful removal.