Removable covered self-expanding metal stent for extraction of a large biliary stone in a patient on dual antiplatelet therapy

A 76-year-old man, who had previously undergone coronary artery bypass grafting but had episodes of myocardial infarction despite dual antiplatelet therapy, was diagnosed with a large common bile duct (CBD) stone that was causing recurrent cholangitis. Based on general agreement among the cardiologists and hematologists, his antiplatelet agents were neither stopped nor replaced with bridging medication. He underwent endoscopic retrograde cholangiopancreatography (ERCP) without biliary sphincterotomy 7 days prior to referral to our unit. His cholangitis was temporarily treated with a straight plastic stent passing alongside the stone; however, within 3 days of the procedure, the stent had migrated distally.

The patient underwent a second ERCP with stent removal at our center. Given the constraints on performing a sphincterotomy, a 10 × 60-mm fully covered self-expanding metal stent (SEMS) with anchoring flaps [Hanarostent, M.I. Tech Co., Seoul; South Korea] was deployed across the papilla. An attempt to mobilize the stone with a Dormia basket failed, so the papilla. An attempt to mobilize the papilla owing to invagination of the stent. Moreover, the anchoring flaps of the metal stent prevented it migrating distally as the stone was pulled into it with the Fogarty balloon.

In patients receiving dual antiplatelet therapy that cannot be discontinued, the use of SEMSs for stones extraction may be an expensive but safe alternative.

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In this case, the SEMS allowed for gentle extraction of the stone, with only minor trauma to the papilla owing to invagination of the stent. Moreover, the anchoring flaps of the metal stent prevented it migrating distally as the stone was pulled into it with the Fogarty balloon.