Successful re-intervention with metal stent trimming using argon plasma coagulation after endoscopic ultrasound-guided hepaticogastrostomy

Recently, endoscopic ultrasound (EUS)-guided biliary drainage has been introduced as an alternative method after failed endoscopic biliary drainage, particularly in patients with a pre-existing duodenal obstruction [1–3]. A longer self-expandable metal stent (SEMS) is usually used for EUS-guided hepaticogastrostomy (EUS-HGS) to prevent stent migration. However, re-intervention after EUS-HGS is challenging because of the protrusion of the SEMS into the stomach. Metal stent trimming using argon plasma coagulation (APC) has been reported to be a useful option for stent-related complications such as dislocation [4,5]. We report a case in which successful re-intervention after EUS-HGS was made possible by metal stent trimming using APC.

A nonagenarian woman with advanced ampullary cancer was admitted to our center. She had a history of endoscopic transpapillary bile duct stenting and duodenal stenting covering the papilla, followed by EUS-HGS with an 8-mm diameter, 12-cm long, silicone-covered nitinol braided stent, with a 1-cm uncovered portion at the proximal end (Niti-S biliary S-type; Taewoong Medical, Seoul, South Korea).

The patient developed recurrent cholangitis caused by sludge formation 3 months after HGS. As she showed a good performance status, we attempted therapeutic endoscopic intervention via the HGS site; however, intervention was difficult be-
cause of the protrusion of the long SEMS (Fig. 1). Therefore, stent trimming was performed with APC using an electrosurgical generator (ICC200; ERBE Elektromedizin, Tübingen, Germany) (Fig. 2a, b, Video 1). Subsequently, the fragment of SEMS was removed using grasping forceps through the scope channel (Fig. 2c).

Successful bile duct cannulation was achieved using a standard endoscopic retrograde cholangiopancreatography (ERCP) catheter and a 0.025-inch guidewire. The sludge in the bile duct was confirmed on a cholangiogram and was removed with a retrieval balloon catheter (Fig. 2d, Video 2). Finally, a 5-Fr straight nasobiliary drainage tube was placed. The procedure was completed without any adverse events. Metal stent trimming using APC may be an effective option for re-intervention after EUS-HGS.

Competing interests: None

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