Endoscopic removal of a migrated stent in the gallbladder

An 84-year old man was admitted to our hospital with fever and abdominal pain. An abdominal computed tomography (CT) scan revealed evidence of acute cholecystitis (Fig. 1). Percutaneous transhepatic gallbladder drainage was performed and his symptoms improved; however, cholecystectomy could not be performed because the patient’s heart function was too poor.

To prevent him developing recurrent cholecystitis, we tried to perform endoscopic transpapillary gallbladder stenting [1–3], but owing to a crooked cystic duct, a bilateral pig-tail plastic stent (6 Fr, 10 cm) was placed in an incorrect position (Fig. 2).

We initially tried to retrieve the migrated stent using several types of basket; however, all of these attempts failed (Fig. 3). Finally, we tried to move the stent using a polypectomy snare, which consists of a single looped wire that can easily grip the tip of the stent (Fig. 4). Using this snare, we succeeded in smoothly placing the stent in the correct position (Fig. 5 and Fig. 6).

Stent migration into the gallbladder is a rare but important condition for endoscopists.

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Competing interests: None

References
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Tomonori Ida1, Masahiko Inamori2,3, Jun Hamanaka1, Hideyuki Chiba1, Akihiko Kusakabe2, Taiki Morohashi1, Atsushi Nakajima2, Shin Maeda2, Toru Goto1

1 Department of Gastroenterology, Omori Red Cross Hospital, Tokyo, Japan
2 Gastroenterology Division, Yokohama City University Hospital, Yokohama, Japan
3 Office of Postgraduate Medical Education, Yokohama City University Hospital, Yokohama, Japan

Fig. 1 Abdominal computed tomography (CT) image showing evidence of acute cholecystitis.

Fig. 2 The incorrectly positioned bilateral pig-tail plastic stent.

Fig. 3 Fluoroscopic view showing an unsuccessful attempt being made to retrieve the stent using a basket.

Fig. 4 A polypectomy snare consisting of a single looped wire that can be used to easily grip the tip of the stent.
Fig. 5 Fluoroscopic views showing the stent being successfully moved into the correct position.

Fig. 6 Endoscopic view of the papilla of Vater and one end of the stent after it had been successfully repositioned.

Bibliography
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Corresponding author
Masahiko Inamori, MD
Yokohama City University Hospital, Gastroenterology Division
3-9, Fuku-ura, Kanazawaku
Yokohama
Kanagawa 236-0004
Japan
Fax: +81-45-7843546
inamorim@med.yokohama-cu.ac.jp