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, 10cm) 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.

Competing interests: None

References

1 Conway JD, Russo MW, Shrestha R. Endoscopic stent insertion into the gallbladder for symptomatic gallbladder disease in patients with end stage liver disease. Gastrointest Endosc 2005; 61: 32–36

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
DOI  http://dx.doi.org/10.1055/s-0034-1377634
Endoscopy 2014; 46: E539–E540
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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