Successful endoscopic dilation of severe bilioenteric strictures with a wire-guided diathermic dilator and short-type single-balloon enteroscope

Recently, balloon enteroscopy has made possible the use of endoscopic approaches to the surgically reconstructed intestine [1–4], so that hepaticejunostomy strictures can be treated endoscopically. We describe the successful endoscopic dilation of a severe hepaticejunostomy stricture with a wire-guided diathermic dilator (6-Fr, 180-cm Cysto-Gastro-Set; Endo-flex, Voerde, Germany) (Fig. 1). A 66-year-old woman underwent pylorus-preserving pancreaticoduodenectomy for cancer of the pancreatic head. Cholangitis due to bilioenteric stricture developed at the third month after surgery. A short-type, single-balloon enteroscope (SIF-Y0004V01; Olympus Medical Systems, Tokyo, Japan) was used to perform balloon enteroscope-assisted endoscopic retrograde cholangiopancreatography (ERCP). A 0.025-inch guidewire could pass through the stricture, but an ERCP imaging catheter could be passed through the stricture. The anastomosis was dilated with a 6.8-Fr Quantum TTC Biliary Balloon Dilator 6mm in diameter (QBD-6X3; Cook Medical, Winston-Salem, North Carolina, USA) could not.

A guidewire was placed in a hepatic duct, and the anastomotic stricture was electrically dilated with a 6-Fr Cysto-Gastro-Set. After the dilation procedure, an imaging catheter could be passed through the stricture. The anastomosis was dilated with a 6.8-Fr Quantum TTC Biliary Balloon Dilator 6mm in diameter (QBD-6X3; Cook Medical, Winston-Salem, North Carolina, USA) could not.

Fig. 1  A 6-Fr wire-guided diathermic dilator (Cysto-Gastro-Set), with a working length of 180 cm and a maximum diameter of 2.0 mm, can be used to dilate severe hepaticejunostomy strictures.

Video 1
Endoscopic dilation of a severe bilioenteric stricture with a wire-guided diathermic dilator.

A guidewire was placed in a hepatic duct, and the anastomotic stricture was electrically dilated with a 6-Fr Cysto-Gastro-Set. After the dilation procedure, an imaging catheter could be passed through the stricture. The anastomosis was dilated with a 6.8-Fr Quantum TTC Biliary Balloon Dilator 6mm in diameter (QBD-6X3; Cook Medical, Winston-Salem, North Carolina, USA) could not.

Fig. 2  a A wire-guided diathermic dilator can easily be used to perform coaxial dilation from a tangential approach. b The needle-knife, and therefore the direction of electroincision, cannot always be aligned exactly along the axis of the guidewire.

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