Overtube-assisted ERCP in a patient with a dilated atonic stomach

Endoscopic retrograde cholangiopancreatography (ERCP) is usually difficult and sometimes impossible in patients with altered anatomy, whether due to gastrointestinal surgery or for other reasons. Various techniques have been used to facilitate ERCP in patients with anatomy that makes the procedure difficult [1–5]. There is no information in the literature regarding the use of an overtube during the ERCP procedure, although these are already used for various indications during upper gastrointestinal endoscopy. We hereby present details of a successful overtube-assisted ERCP in a patient in whom it was impossible to pass the endoscope beyond the pylorus because of excessive looping of the duodenoscope in a dilated atonic stomach.

A 73-year-old man was referred because of epigastric pain and jaundice. He underwent transabdominal ultrasonography, which revealed dilated intrahepatic bile ducts and hyperechogenic areas consistent with stones in the common bile duct. It was planned that he would undergo therapeutic ERCP and two different experiences duodenoscopists attempted to pass a duodenoscope (Olympus TJF-260V; Tokyo, Japan; outer diameter at distal end; 13.5 mm) on two different days; however, the duodenoscope looped back on itself and the pylorus could not be reached because of the patient’s markedly dilated stomach.

We therefore decided to attempt access using a duodenoscope with an overtube (Guardus gastric overtube; US Endoscopy, Mentor, Ohio, USA; length 50 cm, external diameter 19.5 mm, internal diameter 16.7 mm). The use of the overtube, with its length reaching approximately the median portion of the corpus, prevented the duodenoscope looping so that it could be easily passed beyond the pylorus (Fig. 1). It was then possible to selectively cannulate the common bile duct and perform an endoscopic sphincterotomy, enabling the stones to be removed with an extraction balloon.

An overtube is a device that can be used to extract foreign bodies and tissues or with flexible endoscopes in endoscopic procedures that require intubation with more than one endoscope. We here report on the use and success of overtube-assisted ERCP, which is important because this procedure has not been reported previously in the literature. In conclusion, we believe this is an easily performed technique that can facilitate the ERCP procedure in patients similar to the one described.

Endoscopy_UCTN_Code_TTT_1AR_2AK

Competing interests: None

Nuretdin Suna1, Ufuk Barış Kuzu1, Serkan Torun1, Erkin Öztaş1, Selçuk Dişibeyaz1, Erkan Parlak2
1 Türkiye Yüksek İhtisas Training and Research Hospital, Department of Gastroenterology, Ankara, Turkey
2 Sakarya University Medical School, Department of Gastroenterology, Sakarya, Turkey

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1391494
Endoscopy 2015; 47: E165 © Georg Thieme Verlag KG Stuttgart · New York ISSN 0013-726X

Corresponding author
Nuretdin Suna, MD
Türkiye Yüksek İhtisas Training and Research Hospital
Department of Gastroenterology
Atatürk Bulvarı Kızılay Sokak, No: 4, Sihhiye Ankara 06100
Turkey
Phone: +90-312-3124120
nurettinsuna.44@hotmail.com