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 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 the one described.

References

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Fig. 1 Image during endoscopic retrograde cholangiopancreatography (ERCP) showing the overtube, with its length reaching approximately the median portion of the corpus, and the duodenoscope, which has been successfully passed through the pylorus without looping in the stomach.