Placement of a novel fully covered metallic stent for refractory pancreatic duct stricture

Plastic stent placement under endoscopic retrograde cholangiopancreatography is performed widely for the treatment of benign pancreatic stricture [1]. However, this technique may have several disadvantages such as short stent patency and persistent stricture compared with fully covered metallic stents (FCMS) [2,3]. Therefore, although FCMS placement for benign pancreatic stricture is still controversial as a result of a relatively high rate of stent migration (especially distal migration), the FCMS has a potential clinical impact in patients with chronic pancreatitis who have refractory pancreatic duct stricture (Fig. 1). This novel FCMS has a long removal suture, and therefore, if distal stent migration does occur, the stent can be removed easily by grasping the suture thread.

A 66-year-old man was admitted to the Osaka Medical College Hospital with abdominal pain caused by pancreatic stent occlusion. He had undergone placement of a 10-Fr plastic stent 1 month earlier for pancreatic duct stricture caused by chronic pancreatitis. Despite several stent exchanges, the pancreatic duct stricture persisted. Therefore, it was decided to place a novel FCMS. First, the plastic stent was removed, and contrast medium was injected into the main pancreatic duct. A pancreatic duct stricture of the pancreatic head was seen (Fig. 2). Next, the novel metallic stent delivery system (8Fr) was inserted through the stenosis site (Fig. 3), and the stent was successfully placed (Fig. 4, Video 1). No adverse events occurred and the patient was discharged. After 6 months, no late adverse events, including stent migration, were observed.

This stent may be a safer device because if the stent migrates it can be retrieved easily by grasping the long suture thread. However, results from a prospective study with long term follow-up are needed to confirm this.

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Competing interests: None

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Fig. 4 The stent was successfully placed from the pancreatic body to the head across the stricture site. 

a Fluoroscopic image. b Endoscopic image.

References

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Bibliography

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