Endoscopic ultrasound-guided choledochojejunostomy with a forward-viewing echoendoscope for severe benign bilioenteric stricture in a patient with Child’s resection

Anastomotic strictures occurring after choledochojejunostomy have generally been treated by a percutaneous approach. A recent study reported that good outcomes were obtained after balloon enteroscope-assisted endoscopic retrograde cholangiopancreatography [1]. A number of procedures have been reported to be useful, including endoscopic ultrasound (EUS)-guided hepaticojejunostomy combined with antegrade stent placement [2], EUS-guided trans-hepatic antegrade balloon dilation [3], and EUS-guided choledochojejunostomy [4]. We describe our experience with a patient in whom we directly inserted a forward-viewing echoendoscope (TGF-UC260J; Olympus, Tokyo, Japan) [5], which punctured the bile duct at a hepaticojejunal anastomotic site. We then successfully placed a metal stent in retrograde fashion. The patient was a 74-year-old man with pancreatic cancer who had undergone pylorus-preserving pancreaticoduodenectomy and a modified Child’s resection. However, a stricture developed 11 months after surgery. Retrograde stent placement with a single-balloon enteroscope and antegrade stent placement with a percutaneous cholangioscope failed because a guidewire could not pass through the stricture. A cholangiogram obtained during percutaneous trans-hepatic biliary drainage (PTBD) showed that the anastomotic site was completely occluded (Fig. 1).

A forward-viewing echoendoscope reached the hepaticojejunal anastomosis in 17 minutes. The bile duct was confirmed through an anastomotic stricture measuring about 10 mm and was punctured with a 19-gauge needle (Fig. 2). A guidewire was then placed (Video 1). Subsequently, the anastomotic site was dilated with a 6-Fr diathermic dilator, and a 4-cm partially covered metal stent was placed in 35 minutes (Video 2). There were no procedural complications. The left and right bile ducts were confirmed to be free of occlusion on PTBD cholangiography (Fig. 3). The patient was discharged 2 days after treatment.

Our results confirm that EUS-guided choledochojejunostomy performed with a forward-viewing echoendoscope is a new treatment option for patients with severe bilioenteric strictures.

Endoscopy_UCTN_Code_TTT_1AS_2AD

Competing interests: None
Mitsuhiro Kida, Hiroshi Yamauchi, Kosuke Okuwaki, Shiro Miyazawa, Hiroshi Imaizumi, Tomohisa Iwai, Wasaburo Koizumi

Department of Gastroenterology, Kitasato University, Sagamihara City, Kanagawa, Japan

References


Bibliography

DOI http://dx.doi.org/10.1055/s-0034-1392208

Endoscopy 2015; 47: E303 – E304
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author

Mitsuhiro Kida, MD, PhD
Department of Gastroenterology
Kitasato University Hospital
1-15-1 Kitasato
Minami-ku
Sagamihara
Kanagawa 252-0375
Japan
Fax: +81-42-778-8390
m-kida@kitasato-u.ac.jp

Fig. 3 The endoscopic ultrasound-guided choledochojejunostomy on the next day. a Dilation of the metal stent is confirmed. b The right and left bile ducts are confirmed to be free of occlusion.

Video 1

A forward-viewing echoendoscope reaches the site of the hepaticojejunal anastomosis, and the bile duct is punctured via the anastomotic site (the jejunum).

Video 2

After cholangiography, the anastomotic site is dilated with the use of a diathermic dilator, and a metal stent is placed.