Permanent External Biliary Catheter: A Difficult Problem Managed by Rescue Technique of Hepaticocholecysto-gastrostomy

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Abstract

Percutaneous biliary drainage is commonly performed procedure after failure of ERCP in patients with biliary obstruction. Failure to internalization can lead to permanent external catheter. In the present case, problem of external biliary catheter was solved with hepaticocholecystogastrostomy. Guidewire from the external drain site could not be passed across the stricture, instead it was entering in the gall bladder. This was used as an opportunity to internalize the catheter. First EUS guided cholecystogastrostomy was performed, followed by placement of stent between right biliary system and the stomach, through the cholecystogastrostomy stent. This led to drainage of right biliary system into the stomach, and the external catheter could be removed.

Keywords
- cholecystogastrostomy
- endoscopic ultrasound
- permanent external biliary catheter

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the catheter is a common problem with PTBD. Various techniques have been used to internalize the external catheter. Law et al\(^1\) reported a case where EUS-guided hepaticogastrostomy was performed to internalize the left-sided PTBD catheter. In the present case, PTBD was done on right biliary system; hence, EUS guided hepaticogastrostomy was not possible. As the guidewire from the PTBD site was entering in gall bladder lumen, this was used as an opportunity to internalize the external biliary catheter.

**Authors Contribution**

**Conflicts of Interest**

None declared.

**References**