A 52-year-old patient with chronic pancreatitis was admitted for drainage of two symptomatic pancreatic pseudocysts. Endoscopic ultrasonography (EUS) showed pseudocysts in the pancreatic body and head of 50 × 40 mm and 30 × 20 mm in size, respectively.

We first performed transgastric drainage of the pancreatic body pseudocyst, using a lumen-apposing stent. In the same session, we approached the pancreatic head pseudocyst. A transduodenal puncture of the cyst was made with a 19-gauge needle (Fig. 1). A cystotome was used, but it failed to get through the hard and thick cystic wall (Fig. 2a). A through-the-scope balloon dilation was attempted, but without success. A 10-Fr Soehendra stent retriever (SSR) was then introduced through the scope over the guidewire (Fig. 2b). As when it is used for difficult biliary stenoses [1, 2], we performed clockwise rotational movements while pushing the device into the cavity. An outpouring of the contents of the cyst into the duodenum was seen and a double-pigtail stent (8.5 Fr) was then inserted to drain the pseudocyst.

The authors present this case to demonstrate the usefulness of the SSR, extending its utility, not only in difficult biliary stenosis but also as a device that may allow access into pancreatic pseudocysts with a hard and thick wall.

**Competing interests:** None
Fig. 4  Endoscopic images showing: a the content of the cyst draining into the duodenum after the pseudocyst had been accessed; b a double-pigtail stent that was inserted for pseudocyst drainage.

Vera Costa Santos, Nuno Nunes, Filipa Ávila, Paulo Massinha, Ana Catarina Rego, José Renato Pereira, Nuno Paz, Maria Antónia Duarte

Department of Medicine, Hospital do Divino Espírito Santo de Ponta Delgada, Ponta Delgada, Portugal

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