Peroral transhepatic cholangioscopy-guided electrohydraulic lithotripsy via an endoscopic ultrasonography-guided hepaticogastrostomy route for bile duct stones in a patient with Roux-en-Y anatomy

Endoscopic ultrasonography (EUS)-guided antegrade bile duct stone treatment has been developed for patients with altered anatomy [1–5]. Here, we present a case of successful bile duct stone treatment via an EUS-guided hepaticogastrostomy (EUS-HGS) route in the setting of prior Roux-en-Y reconstruction. Direct peroral transhepatic cholangioscopy-guided electronic hydraulic lithotripsy (EHL) and endoscopic papillary large-balloon dilation (EPLBD) were used.

An 84-year-old man with bile duct stones, acute cholecystitis, cholangitis, and a history of distal gastrectomy with Roux-en-Y reconstruction was referred to our hospital. As the papilla was inaccessible even with balloon enteroscopy, only percutaneous transhepatic gallbladder drainage had been previously performed.

Transhepatic EUS-guided antegrade treatment was selected for the treatment of the bile duct stones. A B3 branch duct was punctured using a 22-gauge needle, and a 0.018-inch guidewire (Nova-Gold; Boston Scientific Japan, Tokyo, Japan) was placed. EUS-guided antegrade cholangiography revealed multiple bile duct stones (Fig. 1a). After exchanging to a 0.035-inch guidewire (Jag-wire Plus High Performance Guidewire; Boston Scientific), we performed EPLBD (Giga, 13–15mm; Century Medical, Tokyo, Japan) under fluoroscopic guidance (Fig. 1b), but were unable to extract the bile duct stones using a retrieval balloon (Extractor Pro RX retrieval balloon catheter, 15–18mm; Boston Scientific) (Video 1). A partially covered self-expandable metallic stent (WallFlex, 10×60mm, Boston) was placed without complications (Fig. 1c).

Then 1 month later, we performed EHL under direct antegrade peroral video cholangioscopy (SpyGlass DS; Boston Scientific) using a therapeutic duodenoscope via an EUS-HGS route (Video 2). However, extraction of the bile duct stones, this time by basket and balloon catheter, again failed. Therefore, 2 months later, we repeated EPLBD, and achieved complete clearance of bile duct stones by means of endoscopic papillary large-balloon dilation (EPLBD). The arrow shows a bile duct stone in the duodenal lumen.

**Fig. 1** Transhepatic endosonography (EUS)-guided antegrade approach for attempted treatment of bile duct stones in an 84-year-old man with Roux-en-Y anatomy: radiographic views. a Multiple bile duct stones (arrows). b EUS-guided papillary balloon dilation under fluoroscopic guidance. The bile duct stones could not be extracted. c A self-expandable metallic stent was placed via the EUS-guided hepaticogastrostomy route. Inset: endoscopic image.

**Fig. 2** At 1 month later, the radiograph shows direct peroral transhepatic cholangioscopy with electrohydraulic lithotripsy through the endoscopic ultrasound-guided hepaticogastrostomy route. Extraction of the bile duct stones again failed. Inset: endoscopic image.

**Fig. 3** At 2 months later: the radiograph shows complete clearance of bile duct stones by means of endoscopic papillary large-balloon dilation (EPLBD). The arrow shows a bile duct stone in the duodenal lumen.
clearance of the bile duct stones with a balloon catheter (Fig. 3).

Although it is challenging, EUS-guided antegrade cholangiography should be recognized as a treatment in patients with altered gastrointestinal anatomy. We have recently reported successful EUS-ACC in one such case [4]. Tonozuka et al. have described laser lithotripsy via the EUS-HGS route after pancreaticoduodenectomy [5].

To our knowledge, this is the first report of treatment for bile duct stones with EHL via an EUS-HGS route guided by direct antegrade cholangioscopy.

Endoscopy_UCTN_Code_TTT_1AR_2AH

Competing interests: None

Acknowledgments

We express our deepest appreciation to Dr. Masaki Kuwatani (Division of Endoscopy, Hokkaido University Hospital, Sapporo, Japan) and Dr. Kazumichi Kawakubo (Department of Gastroenterology and Hepatology, Hokkaido University Graduate School of Medicine, Sapporo, Japan) for clinical advice.

References


Bibliography

DOI http://dx.doi.org/10.1055/s-0042-105561
Endoscopy 2016; 48: E146–E147
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author

Hiroshi Kawakami, MD, PhD
Department of Gastroenterology and Hepatology
Center for Digestive Disease
The University of Miyazaki
S200, Kihara, Kiyotake-cho, Miyazaki
Miyazaki 889-1692
Japan
Fax: +81-985-85-9802
hiropon@med.miyazaki-u.ac.jp

Hiroshi Kawakami1,2, Yoshimasa Kubota1,2, Shuhei Kawahata2, Kimitoshi Kubo2, Shinji Okabayashi3, Ryoji Tatsumi3, Naoya Sakamoto2,4

1 Department of Gastroenterology and Hepatology, Center for Digestive Disease, The University of Miyazaki, Miyazaki, Japan
2 Department of Gastroenterology and Hepatology, Hokkaido University Hospital, Sapporo, Japan
3 Gastroenterology Center, Sapporo Higashi Tokushukai Hospital, Sapporo, Japan
4 Department of Gastroenterology and Hepatology, Hokkaido University Graduate School of Medicine, Sapporo, Japan

Endoscopic ultrasound-guided antegrade bile duct stone treatment followed by direct peroral transhepatic cholangioscopy via an EUS-ultrasound-guided hepaticogastrostomy route.