Retrieval of a migrated stent during endoscopic ultrasound-guided drainage of duodenal diverticular abscess

A 91-year-old woman with upper right abdominal pain and fever was referred to our hospital. Computed tomography showed a duodenal diverticular abscess [Fig. 1]. Therefore, EUS-guided drainage of the abscess was performed.

The abscess was punctured with a 19-gauge needle, and a 0.025-inch guidewire was placed. Subsequently, an additional guidewire was placed using a triple-lumen catheter (Haber RAMP catheter; Cook Japan, Tokyo, Japan) [Fig. 2a]. A 7-Fr double-pigtail stent was placed over the wire. However, before the nasobiliary drainage tube could be placed, the stent accidentally jumped into the abscess [Fig. 2b].

We opted to retrieve the migrated stent using a basket catheter. First, the triple-lumen catheter was inserted over the remaining guidewire to place an additional guidewire. Then, a basket catheter (FG-V435P; Olympus Medical Systems Corp., Tokyo, Japan) was introduced into the abscess over the guidewire, and the migrated stent was removed by grasping its tip with the basket catheter [Fig. 2c, Video 1]. Finally, a 7-Fr double-pigtail stent and a 7-Fr nasobiliary drainage tube were placed successfully [Fig. 2d].

The endoscopic retrieval of a migrated stent is technically challenging. In a few cases of pancreatic pseudocyst, migrated stents have been removed by forceps using a forward-viewing endoscope [3–5]. In our patient, the migrated stent was successfully retrieved by EUS scope using a basket catheter under fluoroscopy. Furthermore, it is important to place an additional guidewire during the procedure in case a guidewire slips out.

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