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.

Competing interests: None

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