Endoscopic ultrasonography-guided antegrade stenting combined with hepatico-gastrostomy/hepaticojejunostomy using ultraslim instruments

Techniques for endoscopic ultrasonography (EUS)-guided biliary drainage (EUS-BD) have been developed, and EUS-guided antegrade stenting (EUS-AGS) and EUS-guided hepaticogastrostomy (EUS-HGS)/hepaticojejunostomy (HJS) are suitable for gastric outlet obstruction (GOO) or surgically altered anatomy. EUS-AGS alone carries the potential risk of causing bile leakage from a fistula; however, EUS-AGS in combination with EUS-HGS or EUS-HJS appears safer, as it can reduce the risk of a bile leak [1, 2]. We present two patients who underwent EUS-HGS or EUS-HJS combined with EUS-AGS using ultraslim instruments. Patient #1 was a 62-year-old woman who had undergone a previous total gastrectomy for gastric cancer and later developed obstructive jaundice. First, a B3 branch was punctured using a 19G needle via a transjejunal approach, and a 0.025-inch guidewire (VisiGlide 2; Olympus, Tokyo, Japan) (Fig. 1) was placed. Next, a tapered endoscopic retrograde cholangiopancreatography (ERCP) catheter (01 20 21 1; MTW Endoskopie, Düsseldorf, Germany) (Fig. 2) was used to dilate the fistula, following successful passage of the guidewire through the stricture. EUS-AGS was then performed using a novel ultraslim uncovered self-expandable metal stent (SEMS; BileRush Selective; 5.7 Fr, 10-mm diameter, Piolax Medical Devices, Kanagawa, Japan) (Fig. 2). Finally, a novel 7-Fr plastic stent (TYPE-IT stent; Gadelius Medical Co. Ltd., Tokyo, Japan) [3] (Fig. 3) was placed to create an EUS-HJS (Fig. 4; Video 1). Patient #2 was a 68-year-old man with GOO caused by gastric cancer who developed obstructive jaundice. EUS-AGS and EUS-HGS were performed as described...
There were no complications in either case. A covered SEMS (CSEMS) is commonly used to prevent bile leaks in EUS-HGS/HJS. A long partially covered SEMS (PCSEMS; ≥ 10 mm) can be used to prevent stent migration [4]. However, the thicker delivery system (8.5 Fr) with this long PCSEMS and the cost of two metal stents are of concern. In particular, minimum fistula dilation should be performed during EUS-BD. Therefore, EUS-AGS and EUS-HGS/HJS using various ultraslim instruments (7 Fr or less) in combination can facilitate the procedure and minimize the potential for bile leakage.

**Competing interests**

A novel ultraslim uncovered metal stent (BileRush Selective; 5.7 Fr, 8-mm/10-mm diameter, 185-cm long) has been developed through collaborative research between Dr. Kawakami and Piolax Medical Devices, Kanagawa, Japan. Dr. Kawakami is a consultant and gives lectures for the Piolax Medical Devices and for Olympus, Tokyo, Japan. Dr. Kubota has no competing interests to declare.

**The Authors**

Hiroshi Kawakami, Yoshimasa Kubota
Department of Gastroenterology and Hepatology, Faculty of Medicine, University of Miyazaki and Center for Digestive Disease, University of Miyazaki Hospital, Miyazaki, Japan

**Corresponding author**

Hiroshi Kawakami, MD, PhD
Department of Gastroenterology and Hepatology, Faculty of Medicine, University of Miyazaki, Center for Digestive Disease, University of Miyazaki Hospital, 5200, Kihara, Kiyotake, Miyazaki 889-1692, Japan
Fax: +81-985-859802
hiropon@med.miyazaki-u.ac.jp

**References**


**Bibliography**

DOI http://dx.doi.org/10.1055/s-0043-101225
Endoscopy 2017; 49: E88–E89
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X