Management of a migrated and embedded lumen-apposing metal stent: a solution to an emerging conundrum

A 38-year-old woman with a history of alcohol-induced pancreatitis presented with abdominal pain secondary to a large pseudocyst. An initial computed tomography (CT) scan showed a 10-cm fluid collection in the head of the pancreas that was abutting the stomach (Fig. 1). An endoscopic ultrasound (EUS) was performed and the pseudocyst was drained with a lumen-apposing metal stent (LAMS). The patient’s symptoms resolved and a subsequent magnetic resonance imaging (MRI) scan 6 weeks after placement of the LAMS showed complete resolution of the pseudocyst (Fig. 2). An endoscopy was performed 1 week later for removal of the LAMS; however, this showed that the LAMS had completely migrated into the pseudocyst cavity. In addition, it had become embedded within the wall of the cavity and attempts to remove it with dilation and grasping forceps were unsuccessful. Subsequently, a second LAMS was placed into the cavity to help necrose the tissue that was embedding the original LAMS and to facilitate its removal (Fig. 3; Video 1). Both LAMSs were then successfully removed in a second procedure 2 weeks later, as shown in Video 1. The patient did well clinically, having no evidence of active bleeding or perforation, and was discharged home after the procedure to remove the stents.

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Competing interests
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Fig. 1 Computed tomography (CT) scan image showing a fluid collection within the pancreatic head abutting the stomach.

Fig. 2 Magnetic resonance imaging (MRI) scan image showing complete resolution of the pancreatic pseudocyst after 6 weeks.

Fig. 3 Endoscopic image showing both lumen-apposing metal stents in place just prior to their removal.

Video 1: Video showing the removal of the migrated and embedded lumen-apposing metal stent.