Massive bleeding after plastic stent removal during ERCP: what’s next?

Portal biliopathy or portal cavernoma cholangiopathy refers to cholangiographic abnormalities, which occur in patients with portal cavernoma. These include shallow bile duct impressions and indentations causing wall irregularity, smooth strictures with upstream dilatation, and luminal filling defects (Fig. 1, Fig. 2). These changes occur as a result of pressure on bile ducts from bridging tortuous paracholedochal, epi-choledochal, and cholecystic veins [1]. Symptoms of portal cavernoma cholangiopathy include longstanding jaundice due to chronic cholestasis, or biliary pain with or without cholangitis due to biliary stones [2].

We present the case of a 41-year-old man with portal biliopathy secondary to non-cirrhotic portal vein thrombosis, who was admitted with obstructive jaundice and cholangitis. He had a biliary plastic stent placed 2 months earlier for obstructive jaundice. The previous stent had become blocked and was removed. A sudden spurt of massive bleeding from the ampulla was noticed. A fully covered self-expandable metal stent (fcSEMS; Wallflex biliary fcSEMS, 10 x 60 mm; Boston Scientific, Marlborough, Massachusetts, USA) was deployed, with resolution of the hemorrhage (Video 1).

The second case involves endoscopic retrograde cholangiopancreatography (ERCP) in a 54-year-old woman with portal hypertension and cholangitis. Hemobilia was noticed after balloon sweeping. A fcSEMS was used with success (Video 1).

ERCP with plastic stent exchanges is the first-line intervention for jaundice or cholangitis due to biliary strictures. If...
biliary obstruction does not resolve, por-
tosystemic shunt surgery or transjugular
intrahepatic portosystemic stent shunt is
performed to decompress the portal
cavernoma. Rarely, plastic stents may
also induce bleeding due to rupture of
the hepatic artery, which can be man-
gaged with angiography with coiling of
the artery [3, 4]. In general, placement
of metal stents is not recommended in
patients with benign diseases who are
expected to have prolonged survival.
Even the short-term use of removable
metal stents may be fraught with prob-
lems and should be considered with
care. However, deployment of a fcSEMS
appears to be a useful maneuver to con-
trol massive hemobilia [5].

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Competing interests

None

The Authors

Marcos Eduardo Lera, Mauricio Kazuyoshi
Minata, Ralph Braga Duarte, Sergio Eiji
Matuguma, Paulo Sakai, Wellington Andraus,
Eduardo Guimarães Hourneaux de Moura
Gastroenterology Department, University of São
Paulo, São Paulo, Brazil

Corresponding author

Mauricio Kazuyoshi Minata, MD
Gastrointestinal Endoscopy Unit –
Gastroenterology Department, University of
São Paulo, Avenida Enéas de Carvalho
Aguirre, nº 155, 6ª andar, São Paulo, SP
05403-900, Brazil
Fax: +55-11-26610000
mauriciominata@hotmail.com

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