A new indication for double-balloon enteroscopy: removal of migrated metal stents through a Roux-en-Y anastomosis

A 67-year-old man with a history of perforated peptic ulcer, who had undergone a partial gastrectomy with a Billroth II anastomosis, developed acute cholecystitis and was referred for laparoscopic cholecystectomy. The common bile duct was accidentally transected during the cholecystectomy, and a choledochojunostomy was carried out. Subsequent cholangiography clearly showed a progressive hilar stricture and dilation of the bilateral intrahepatic ducts. Metal Z-stents (Cook-Z Stent GZS-12–6.0-CF, Cook Endoscopy, Winston-Salem, North Carolina, USA) were therefore inserted for percutaneous transhepatic cholangiographic drainage. Follow-up cholangiograms showed that the inserted metal stents had migrated distally to the tip of the Roux-en-Y intestinal loop (Figure 1). Removal of the migrated metal stents using conventional push enteroscopy (Olympus SIF-230, Olympus Corporation, Tokyo, Japan) was not successful. We therefore inserted a double-balloon enteroscope (Fujinon EN-450T5, Fujinon, Tokyo, Japan) through the anastomosis of the choledochojunostomy and successfully approached the migrated metal stents within the tip of the Roux-en-Y limb (Figure 2).

Matsushita et al. described using an open biopsy forceps technique for endoscopic removal of migrated stents in four patients [1]. However, if a migrated metal stent is located at the tip of a Roux-en-Y intestinal limb, this method is not suitable. Kuno et al. used the double-balloon technique to access the afferent duodenal loop in a patient with a Roux-en-Y gastrojejunostomy; they carried out endoscopic mucosal resection of an early cancer in the terminal part of the afferent loop using the double-balloon technique [2]. The double-balloon enteroscope is the only instrument that is capable of passing through a Roux-en-Y anastomosis.

References


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