

A 30-year-old man was referred for an endoscopic removal of proximally migrated pancreatic stent. At our institution, the initial attempt by endoscopic removal using a snare, basket and balloon extraction failed. The distal tip of the stent was impacted at the side wall of the pancreatic duct. A rat-tooth forceps was also tried and was able to access the tip of the stent. Unfortunately, it could not be opened fully due to the small size of the pancreatic duct. During subsequent endoscopic retrograde cholangiopancreatography, a Caesar grasping tripod (Wilson-Cook, Winston-Salem, North Carolina) was used. Within the first attempt, the tripod was able to grasp the tip of the stent firmly enough to allow stent removal (Figure 1 and 2).

Removal of proximally migrated stent is technically challenging. Basket or snare removal is a standard technique [1]. However, with the tip of the stent impacting the duct this technique may not be successful. An inflating balloon catheter for counter traction and removal of the stent has been reported to be helpful [2]. A rat-tooth forceps is also used but a small pancreatic duct can preclude full opening of the forceps. A grasping tripod, which requires a smaller space in order to open, is our recommended device for proximally migrated pancreatic stent that is impacting a small duct.

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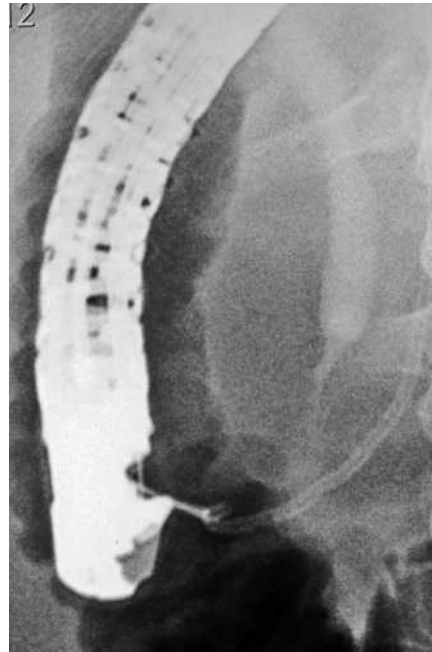


Figure 1 Endoscopic removal of pancreatic stent by a grasping tripod.

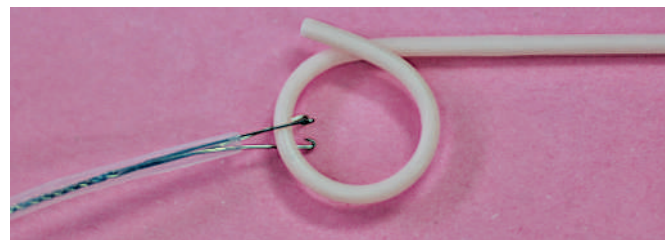


Figure 2 A firm grip of the pancreatic stent by a grasping tripod outside the patient.

References

- 1 Lahoti S, Catalano MF, Geenen JE et al. Endoscopic retrieval of proximally migrated biliary and pancreatic stents: experience of a large referral center. *Gastrointest Endosc* 1998; 47: 486–491
- 2 Horwhat JD, Jowell P, Branch S et al. Proximal migration of a 3 French pancreatic stent in a patient with pancreas divisum: suggested technique for successful retrieval. *JOP* 2005; 6: 178–184

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