

### Dilation of Severe Malignant Biliary Stenosis Using the Soehendra Stent Retriever

In a very few number of cases, severe and scirrhous malignant stenosis of the biliary tract cannot be dilated using the customary accessories, preventing the possibility of biliary drainage by inserting a stent. In 1994 Van Someren et al. published a dilation technique of malignant biliary stenosis through the utilization of the Soehendra stent retriever, which permitted the dilation of refractory cases (1). We have used this method in three patients and we believe it interesting for publication.

A 78-year-old woman and two men of 63 were admitted for obstructive jaundice secondary to pancreatic head carcinoma. In each case, the endoscopic retrograde cholangiopancreatography (ERCP) showed a stenosis in the cephalic portion of the main pancreatic duct and a severe stenosis of the intrapancreatic common bile duct. The latter could only be negotiated with a 0.035-inch guide wire, it being impossible to pass through a diagnostic cannula, a 5-



**Figure 1:** Severe biliary stenosis that permits passage of the guide wire only.

Fr dilator catheter or a balloon catheter (Figure 1). Then we used a 10-Fr Soehendra stent retriever over the guide wire. By



**Figure 2:** Soehendra stent remover after dilation of the stenosis.

pushing it and with clockwise movements, the biliary stenosis was easily dilated (Figure 2). Finally, a plastic 10-Fr stent was inserted. In the three cases, the jaundice disappeared in the following days and no complications were observed.

Previous dilation of a biliary stenosis constitutes an important requirement for the placement of a stent by the endoscopic route. Generally, this is achieved without problems through the use of dilator or balloon catheters. However, there are refractory cases in which the utilization of the Soehendra stent remover constitutes a simple, rapid and effective method, such as we have experienced in these three cases described.

*L. López Rosés, A. Lancho, A. González,  
E. Santos, D. Ibáñez, B. Urraca, S. Avila*  
Endoscopy Unit, Hospital Xeral,  
Lugo, Spain

#### References

1. Van Someren RNM, Benson MJ, Ainley CC, et al. No need to be defeated by the tight biliary stricture at initial ERCP. A new technique [abstract]. *Gastroenterology* 1994; 106: A364.

*Corresponding Author*  
L. López Rosés  
Unidad de Endoscopia  
Hospital Xeral  
Calle Severo Ochoa s/n  
27004 Lugo, Spain