

A simple method to remove an embedded self-expandable metallic stent with a balloon

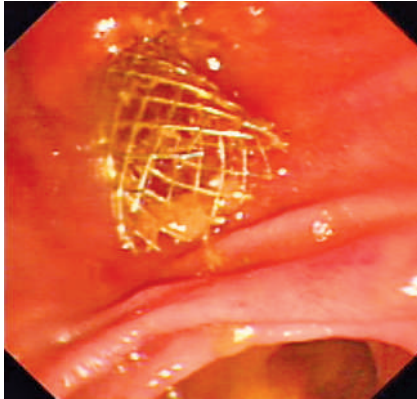


Fig. 1 A covered self-expandable metallic Wallstent was placed into the common bile duct.

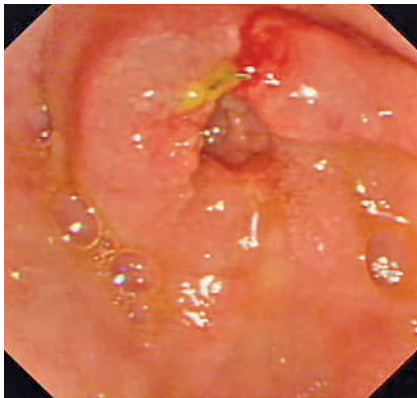


Fig. 2 After 4 months, the self-expandable metallic stent migrated into the common bile duct, and attempts to remove it with a snare and rat-tooth forceps were unsuccessful.



Fig. 3 A guide wire was inserted into the interstice between the self-expandable metallic stent and bile duct wall, followed by a balloon, which was then dilated.

A 56-year-old woman with a history of obstructive jaundice secondary to a post-operative biliary injury after a laparoscopic cholecystectomy was transferred to our hospital for treatment of a benign biliary stricture. She had three sessions of plastic biliary stent exchange (8.5, 10, 11.5 Fr, 9 cm, Soehendra Tannenbaum stent; Wilson-Cook Medical Inc., Winston-Salem, North Carolina, USA) placed into the common bile duct (CBD) to treat biliary tract obstruction. Her liver function tests returned to normal. How-

ever, after removal of the last plastic stent, the jaundice and right upper quadrant pain recurred. She then received a covered self-expandable metallic Wallstent (SEMS, Boston Scientific Corp., Natick, Massachusetts, USA) in the CBD (Fig. 1). She was asymptomatic after placement of the SEMS.

After 4 months, she was admitted for removal of the SEMS. Endoscopy showed that the SEMS had migrated and had embedded into the CBD (Fig. 2). Attempts to remove it with a snare and rat-tooth

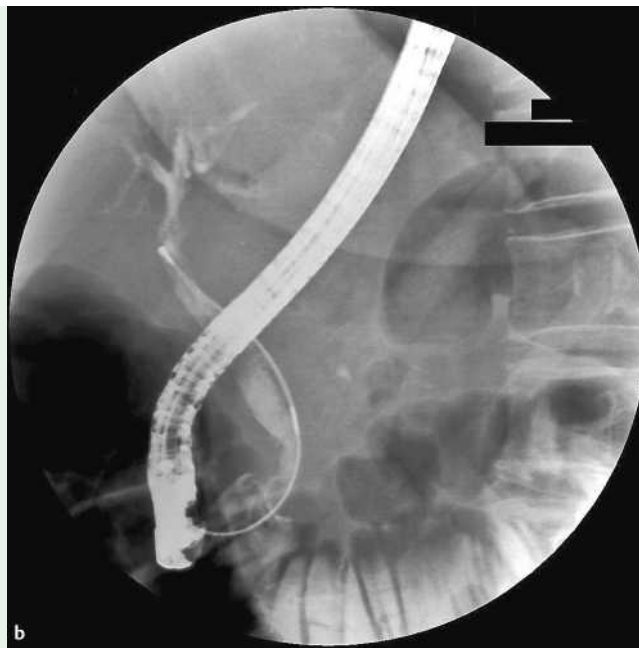
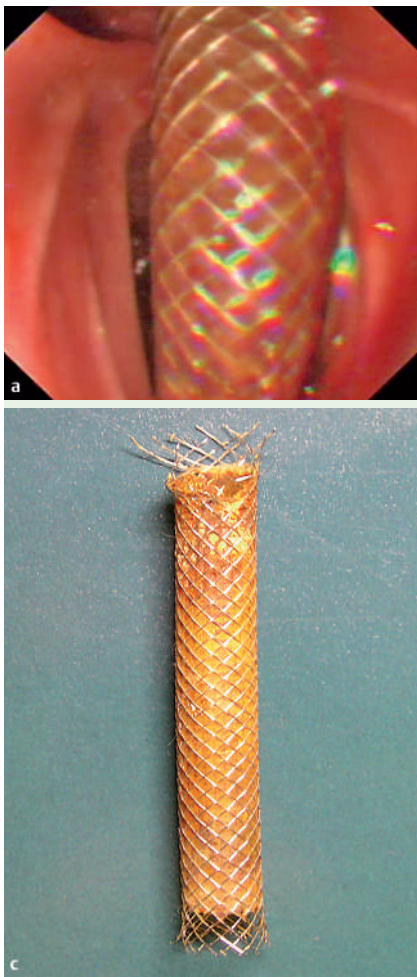


Fig. 4 a–c The self-expandable metallic stent was successfully captured and finally removed.

forceps were unsuccessful. Then a guide wire was inserted into the interstice between the SEMS and bile ductal wall, followed by a balloon, which was then dilated (▶ Fig. 3). The SEMS was gradually separated and dislodged from the CBD by balloon dilations, and the inferior segment of the SEMS was exposed (▶ Fig. 4 a). Finally, the embedded SEMS was successfully captured with a snare and removed (▶ Fig. 4 b, c).

Endoscopy_UCTN_Code_TTT_1AR_2AZ

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Bibliography

DOI 10.1055/s-2007-966582

Endoscopy 2007; 39: E233–E234

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ISSN 0013-726X

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