Cholangioscopy was first introduced in 1975 as a dual-operator “mother–baby” technique and allowed direct visualization of intraductal stones and fragmentation of stones with laser or electrohydraulic lithotripsy (EHL). The technique fell out of widespread use because of technical and endoscopic limitations. In 2006, a single-operator cholangioscope was introduced (Spyglass; Boston Scientific Inc., Natick Massachusetts, USA), which reinvigorated the use of cholangioscopy in the management of difficult bile duct stones. In 2015, a second-generation Spyglass cholangioscope (Spyglass DS; Boston Scientific Inc.) was developed, with improved visualization and scope movement, and a larger (1.3 mm) working channel.

Here we report the case of a 46-year-old woman who underwent cholangioscopy for an impacted 3-cm common bile duct stone after three failed conventional ERCPs at her local hospital. We elected to perform an ERCP combined with cholangioscopy. Despite visually directed EHL, the stone could not be cracked, and therefore a tunnel was created through the stone (▶ Fig. 1), as shown in ▶ Video 1. This allowed a wire to be passed through the stone, which was then cracked using a dilating balloon. Subsequent uncomplicated stone clearance followed, with successful bile duct clearance.

Competing interests
Dr. Webster received honoraria from Boston Scientific.
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