Simultaneous duodenal stenting and endoscopic ultrasound-guided hepaticogastrostomy using a forward-oblique view echoendoscope

A 65-year old man with advanced pancreatic cancer with a combination of malignant biliary obstruction and gastric outlet obstruction was referred to our hospital. Given the presence of periampullary cancerous lesions, the endoscopic placement of a duodenal stent and endoscopic ultrasound (EUS)-guided hepaticogastrostomy (HGS) were performed simultaneously, using a single convex-array echoendoscope with a forward-oblique view (EG-580T; Fujifilm, Tokyo, Japan; ▶ Fig. 1). A partially covered metal duodenal stent (Niti-S COM-VI; Taewoong Medical, Gimpo, Korea) was placed under fluoroscopic and endoscopic guidance (▶ Fig. 2, ▶ Video1). This was followed, without scope exchange, by EUS-HGS: a long partially covered metal stent (modified GIOBOR, Taewoong Medical) was successfully placed [1] from the B3 intrahepatic duct to the stomach under EUS, endoscopic, and fluoroscopic guidance (▶ Fig. 3, ▶ Video2). The total procedure time was 38 minutes. Combined malignant biliary obstruction and gastric outlet obstruction are not rare in advanced pancreatic cancer and EUS-guided biliary drainage, especially
EUS-HGS [2], is increasingly reported because of its better patency than transpapillary biliary drainage [3]. Conventionally, enteric stents are placed using a forward-viewing endoscope and EUS-guided biliary drainage by an oblique-viewing echoendoscope. A single-session dual-stent placement using two endoscopes has been described [4].

This new echoendoscope with a forward-oblique view has a 3.8-mm operating channel, and has a 40° forward viewing direction with 140° field of view compared to the 55° viewing direction and 100° field of view in the conventional oblique-viewing echoendoscope [5]. This enables the direct visualization of both the enteric stricture and the enteric stent deployment, and also helps hepaticogastrostomy with EUS-guided biliary drainage stent deployment with endoscopic guidance. Thus a single echoendoscope can be used to place a duodenal stent and an EUS-guided biliary drainage stent.

In conclusion, the simultaneous placement of a duodenal stent and EUS-HGS is feasible using the new forward-oblique view echoendoscope, facilitating shorter procedure time without the need for scope exchange.

Endoscopy_UCTN_Code_TTT_1AS_2AD

Competing interests

Hiroyuki Isayama and Yousuke Nakai have financial relationships with Fujifilm Corp. in the form of research support and/or honoraria.

The Authors

Tanyaporn Chantarojanasiri1,2, Hiroyuki Isayama1, Yousuke Nakai1, Saburo Matsubara1, Suguru Mizuno1, Hirofumi Kogure1, Kazuhiko Koike1

1 Department of Gastroenterology, the University of Tokyo, Tokyo, Japan
2 Department of Internal Medicine, Police General Hospital, Bangkok, Thailand

Corresponding author

Hiroyuki Isayama, MD, PhD
Department of Gastroenterology, Graduate School of Medicine, The University of Tokyo, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-8655, Japan
Fax: +81-3-3814-0021
isayama-tky@umin.ac.jp

References


Bibliography

DOI https://doi.org/10.1055/s-0043-116379
Published online: 5.9.2017
Endoscopy 2017; 49: 1109 – 1110
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos