

Lumen-apposing metal stent gastrojejunostomy for biliary drainage of an obstructive biliodigestive anastomosis

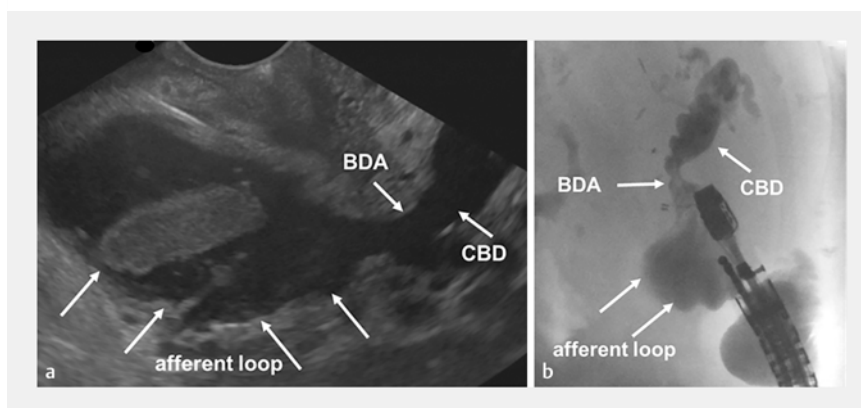
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A 68-year-old woman with pancreatic adenocarcinoma was referred to our department with jaundice and poor general condition. Surgical exploration 2 years previously had revealed an unresectable pancreatic head tumor and a biliodigestive anastomosis had been created. At presentation, the patient was receiving third-line chemotherapy and had locally advanced disease and peritoneal carcinomatosis. A computed tomography scan showed progressive disease, with obstruction of the biliodigestive anastomosis and consequent dilatation.

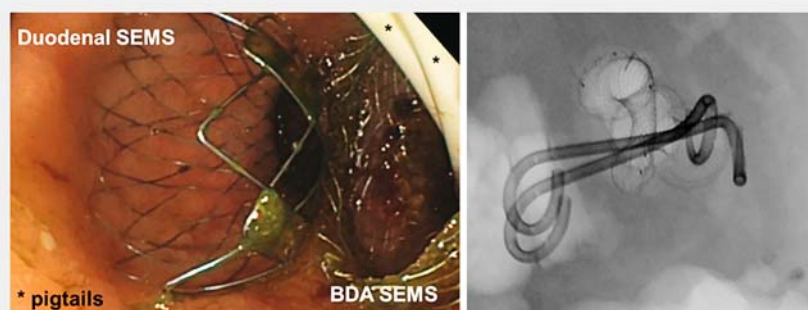
As the established endoscopic and surgical interventions were limited, the patient underwent transgastric endoscopic ultrasound-guided placement of a lumen-apposing metal stent (LAMS) into the afferent jejunal loop (► Fig. 1 a). The correct positioning of the needle in the biliodigestive anastomosis was verified with contrast-enhanced radiography (► Fig. 1 b). Thereafter, the LAMS was implanted under fluoroscopic guidance. Because of the duodenal obstruction, two plastic pigtail stents (10Fr, 11-cm long) were placed through the LAMS to avoid obstruction and to secure the access before an uncovered self-expandable metal stent (SEMS) was positioned in the pars descendens duodeni (► Fig. 2 a). Neither stent interfered with the other and they were successfully located beside each other in the antrum (► Fig. 2; ► Video 1).

After the intervention, the patient's cholestatic parameters decreased substantially and, following her discharge, chemotherapy was initially readministered in the outpatient setting. However, 2 months later, the patient's general condition deteriorated and, after receiving best-supportive care, she died 2 months later.

This case report demonstrates an alternative route for biliary drainage in palliative patients with cholestasis caused by ste-



► **Fig. 1** Appearance before the procedure showing: **a** on endoscopic ultrasonography, the biliodigestive anastomosis (BDA), dilated common bile duct (CBD), and afferent loop; **b** on fluoroscopy, the distribution of the contrast agent within the dilated BDA and CBD caused by a malignant stenosis of the afferent loop.



► **Fig. 2** Final position of the stents on: **a** gastroscopic image showing the duodenal and biliodigestive anastomosis (BDA) self-expandable metal stents (SEMSs) and the two plastic pigtail stents (*) that were passed through the lumen-apposing metal stent to secure the access and outflow in case there was pressure from the duodenal SEMS; **b** fluoroscopic overview.

nosis of a malignant biliodigestive anastomosis.

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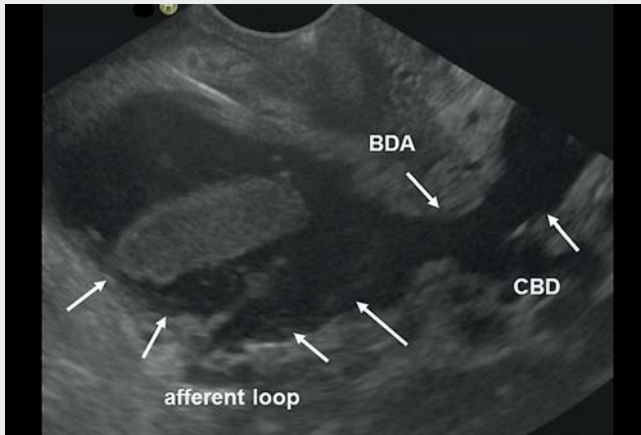
Competing interests

The authors declare that they have no conflict of interest.

The authors

Moritz Haase, Jonas Rosendahl, Sebastian Krug

Department for Internal Medicine I, Martin-Luther University Halle/Wittenberg, Halle, Germany



Video 1 Lumen-apposing metal stent gastrojejunostomy is performed for biliary drainage of an obstructive biliodigestive anastomosis.

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Corresponding author

Sebastian Krug, MD

Department for Internal Medicine I, Ernst-Grube-Straße 40, 06120 Halle (Saale), Germany
moritz.haase@uk-halle.de

Bibliography

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