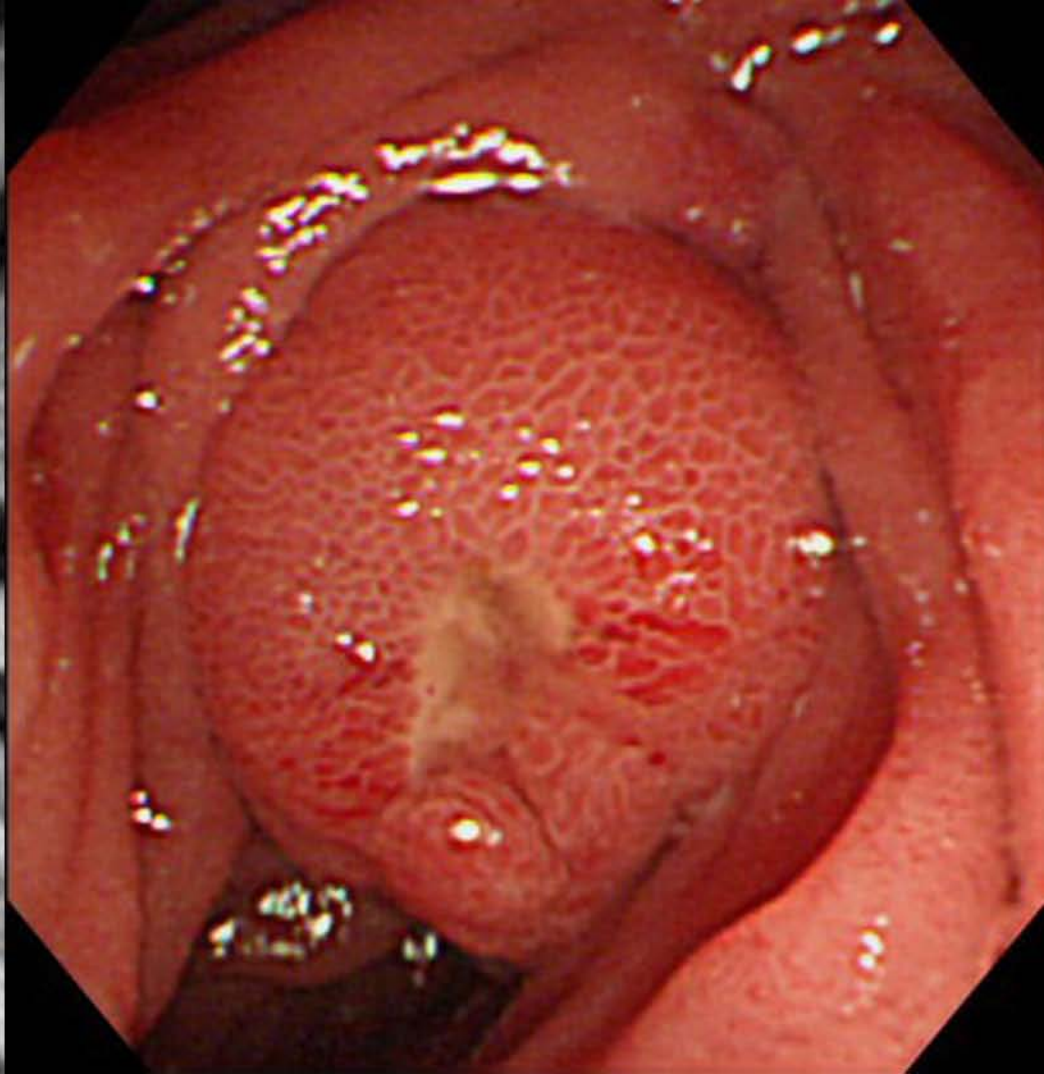
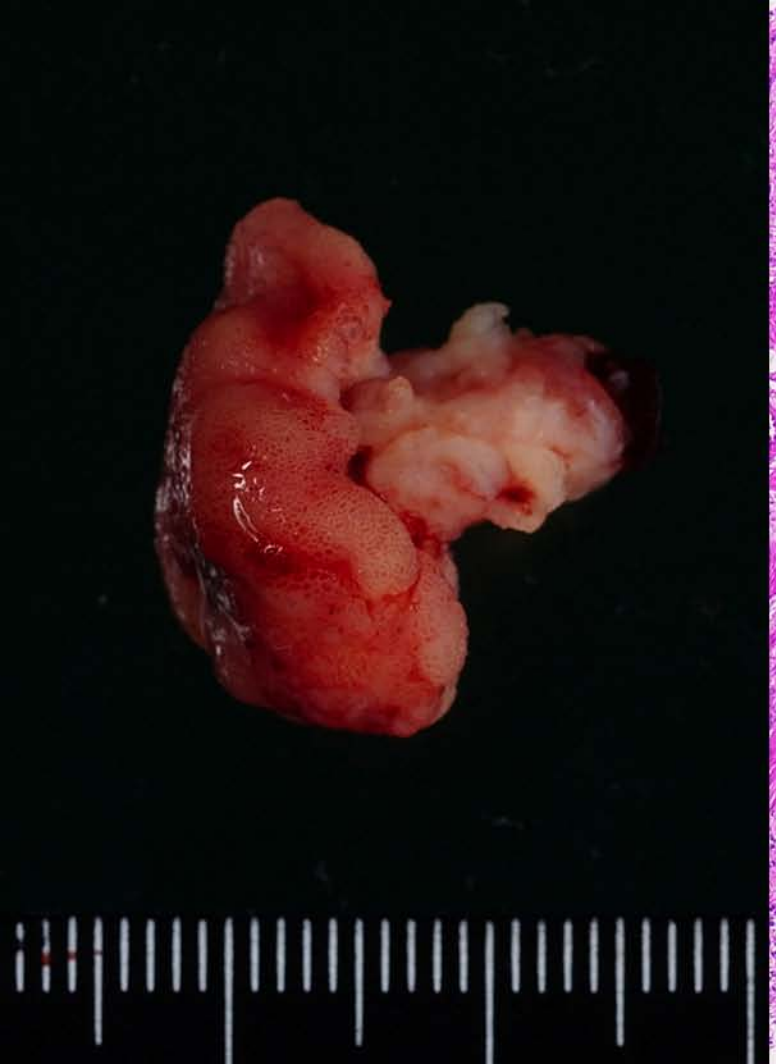
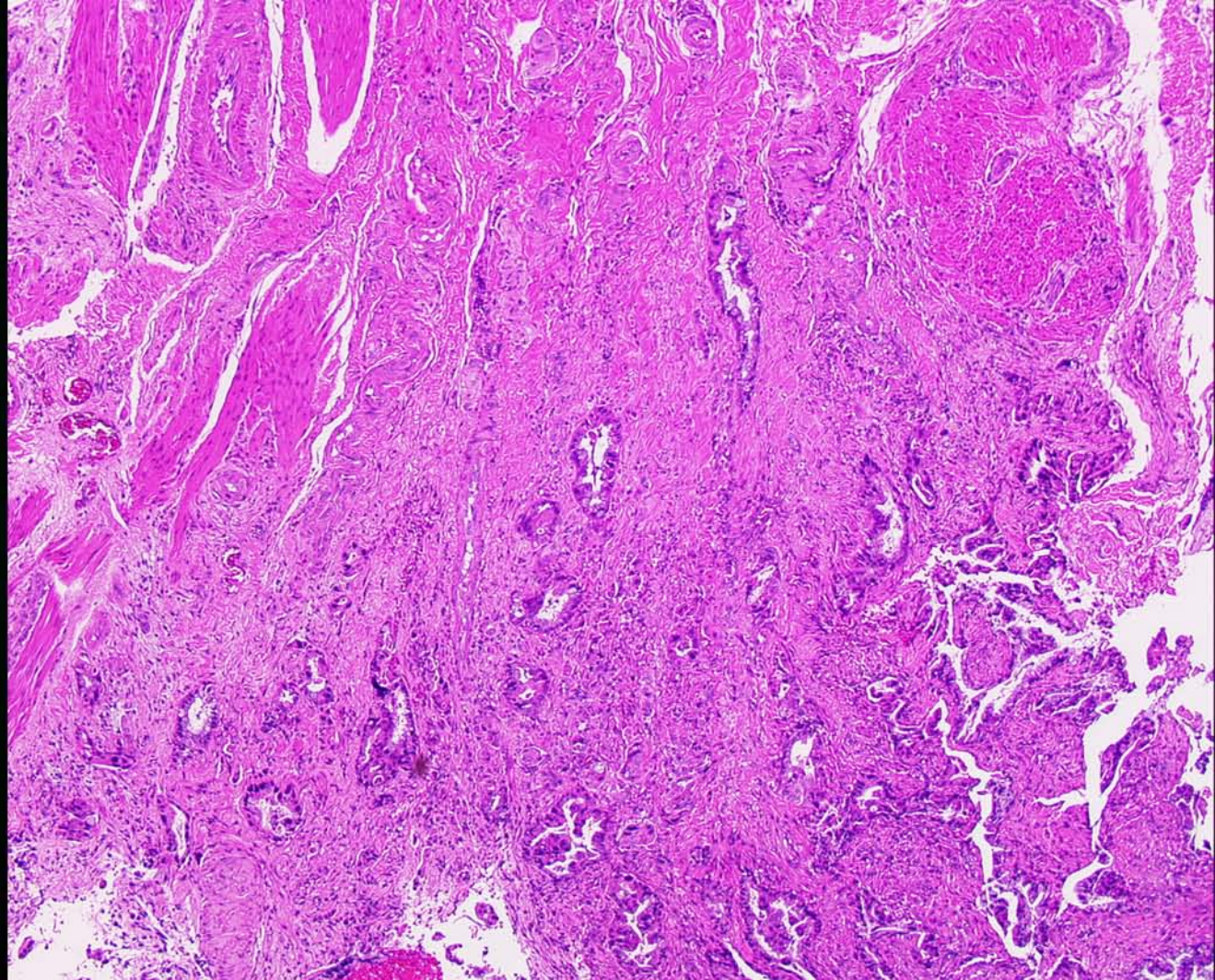
HOKKAIDO UNIVERSITY

Title	A rare complication with extraction of proximally migrated biliary stent by using a basket catheter.
Author(s)	Kawakami, Hiroshi; Uebayashi, Minoru; Konishi, Kohei et al.
Citation	Gastrointestinal endoscopy, 67(7), 1170-1172 https://doi.org/10.1016/j.gie.2007.12.008
Issue Date	2008-06
Doc URL	https://hdl.handle.net/2115/47227
Type	journal article
File Information	GE67-7_1170-1172.pdf

Hokkaido University Collection of Scholarly and Academic Papers : HUSCAP

A 70-year-old man with jaundice had been admitted to our hospital for further examination. Laboratory data revealed abnormal liver function. CT showed a low-density mass in the pancreatic head (**A**, *left, arrowheads*), and dilatation of the common bile duct and the pancreatic duct. Definite diagnosis of adenocarcinoma was made from EUS-FNAB findings of the pancreatic mass. Duodenoscopy revealed an exophytic mass in the ampulla of Vater (**A**, *right*). ERC revealed interruption of the lower bile duct (**B**, *left*). Endoscopic biliary drainage (EBD) was performed by placing a 7 F tube stent in circumference. Laboratory data were normalized immediately after EBD. Four days after EBD, he developed cholangitis. Subsequent ERC revealed proximal stent migration above the stricture (**B**, *middle*). By grasping the stent end directly, using a retrieval basket catheter (**B**, *right*), we completely removed the stent; however, duodenoscopy showed local trauma of the ampulla of Vater (**C**). Visible bleeding were oozing. After stent retrieval, a nasobiliary drainage tube was placed endoscopically simultaneously. A tissue piece was found stuck to the torn ampulla of Vater (**D**, *left*). Microscopic examination revealed that the adenocarcinoma invaded duodenal muscular layer (**D**, *right*). Two weeks after stent retrieval, we placed a metallic stent without complication.