



HOKKAIDO UNIVERSITY

Title	Direct puncture of the ampulla as a modified Endoscopic ultrasound-guided rendezvous technique
Author(s)	Kwakubo, Kazumichi; Kuwatani, Masaki; Kato, Shin et al.
Citation	Endoscopic Ultrasound, 7(2), 133-134 https://doi.org/10.4103/eus.eus_31_17
Issue Date	2018-03
Doc URL	https://hdl.handle.net/2115/71166
Rights(URL)	https://creativecommons.org/licenses/by-nc-sa/3.0/
Type	journal article
File Information	EndoscUltrasound72133-2596543_071245.pdf



Direct puncture of the ampulla as a modified Endoscopic ultrasound-guided rendezvous technique

Kazumichi Kawakubo, Masaki Kuwatani¹, Shin Kato, Ryo Sugiura, Itsuki Sano, Naoya Sakamoto

Department of Gastroenterology and Hepatology, Hokkaido University Graduate School of Medicine, ¹Division of Endoscopy, Hokkaido University Hospital, Sapporo, Japan

Endoscopic ultrasound-guided rendezvous technique (EUS-RV) is one of the salvage methods for biliary access after failed endoscopic retrograde cholangiopancreatography (ERCP).^[1] The technical success rate is reported to be around 80%.^[2] The most frequent reason for the failure is inability to manipulate a guidewire across the stricture or the papilla through the needle.^[3] To avoid severe complications such as biliary peritonitis, the development of a salvage therapy is mandatory. We report a patient who underwent a modified EUS-RV after failed guidewire manipulation through the ampulla.

A 62-year-old male was admitted for acute cholangitis due to the bile duct cancer. We performed ERCP for biliary drainage, but biliary cannulation failed. Precut sphincterotomy did not open the biliary orifice, so EUS-RV was planned for biliary access. A linear echoendoscope (UCT260, Olympus, Japan) was advanced into the duodenum and the distal bile duct was visualized with a short endoscopic position. After successful puncture of the bile duct, a guidewire could not pass through the papilla. Thereafter, the ampulla was directly punctured toward the duodenal lumen under EUS guidance followed by guidewire

insertion to the duodenum [Figure 1]. Following echoendoscope removal, duodenoscopy showed that the guidewire passed through the periampullary area just apart from the pancreatic orifice. Then, the biliary access was obtained by catheter insertion alongside the

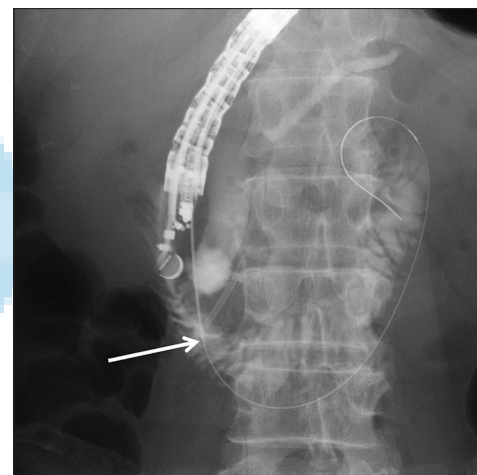


Figure 1. X-ray image showing that the needle is passing through the papilla. The needle tip (arrow) was located inside the duodenal lumen

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Kawakubo K, Kuwatani M, Kato S, Sugiura R, Sano I, Sakamoto N. Direct puncture of the ampulla as a modified Endoscopic ultrasound-guided rendezvous technique. *Endosc Ultrasound* 2018;7:133-4.

Access this article online	
Quick Response Code:	Website: www.eusjournal.com
	DOI: 10.4103/eus.eus_31_17

Address for correspondence

Dr. Masaki Kuwatani, Division of Endoscopy, Hokkaido University Hospital, Kita15 Nishi7, Kita-ku, Sapporo 0608638, Japan.

E-mail: mkuwatan@med.hokudai.ac.jp

Received: 2017-01-25; **Accepted:** 2017-04-22; **Published online:** 2017-08-24



Figure 2. Duodenoscopic image showing that the guidewire was passing through the perampullary region apart from the pancreatic orifice where the pancreatic stent was placed

guidewire [Figure 2] and endoscopic nasobiliary drainage was successfully performed.

EUS-RV comprises 3 different approach routes; transgastric-hepatic, transduodenal with a long endoscopic position, and transduodenal with a short endoscopic position.^[4] There are still scanty evidences about which approach route is the most appropriate.^[2] One recent study suggested that a transduodenal route with a short endoscopic position is the most reliable

EUS-RV for biliary access.^[5] However, the further large study is necessary to validate this data. We, for the first time, reported a modified EUS-RV method after failed conventional transduodenal EUS-RV with a short endoscopic position. This method could be a salvage therapy after conventional EUS-RV failed to pass a guidewire through the papilla.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Kawakubo K, Kawakami H, Kuwatani M, *et al.* Recent advances in endoscopic ultrasonography-guided biliary interventions. *World J Gastroenterol* 2015;21:9494-502.
2. Iwashita T, Doi S, Yasuda I. Endoscopic ultrasound-guided biliary drainage: A review. *Clin J Gastroenterol* 2014;7:94-102.
3. Iwashita T, Lee JG, Shinoura S, *et al.* Endoscopic ultrasound-guided rendezvous for biliary access after failed cannulation. *Endoscopy* 2012;44:60-5.
4. Kawakubo K, Isayama H, Sasahira N, *et al.* Clinical utility of an endoscopic ultrasound-guided rendezvous technique via various approach routes. *Surg Endosc* 2013;27:3437-43.
5. Iwashita T, Yasuda I, Mukai T, *et al.* EUS-guided rendezvous for difficult biliary cannulation using a standardized algorithm: A multicenter prospective pilot study (with videos). *Gastrointest Endosc* 2016;83:394-400.