Symptomatic biliary obstruction with duodenal narrowing requires either surgical or percutaneous biliary drainage procedure. We report a 54-year-old woman suffering from carcinoma of the head of pancreas, who had combined duodenal and biliary obstruction, and underwent successful endoscopic ultrasound-guided transduodenal biliary stent placement. [Indian J Gastroenterol 2007;26:178-179]

Endoscopic biliary stenting is the most common method for palliating obstructive jaundice due to malignancy. Surgery or percutaneous biliary drainage procedures are required whenever ERC is not possible or fails, with their own inherent complication or morbidity. Therapeutic endoscopic ultrasound (EUS)-guided biliary drainage procedures have recently been reported.1,2,3 We report a case of carcinoma head of pancreas with obstructive jaundice and duodenal narrowing who underwent EUS guided CBD puncture and stent placement using Soehendra stent retriever.

**Technique**

A 54-year-old woman presented with progressive jaundice of 4 weeks duration with intense pruritus. She had undergone palliative gastro-jejunostomy elsewhere, two months ago, for gastric outlet obstruction due to inoperable carcinoma head of pancreas. Trans-abdominal ultrasound showed a large mass in the head of pancreas infiltrating the duodenum, with dilated common bile duct (CBD) and intrahepatic biliary dilatation. Side-viewing endoscopy showed a large nodular mass obstructing the lumen, which could not be negotiated even with diagnostic duodenoscope (Olympus GF 130).

Under endoscopic ultrasound (EUS) guidance the CBD was punctured through the posterior superior wall of the duodenal cap using linear echo-endoscope (GFUM 130, Olympus, Tokyo, Japan) with a 19-gauge EUS FNA needle (Wilson Cook). The position of the needle was confirmed by aspiration of bile, and a small amount of contrast was injected to delineate the biliary system. A 450-cm-long 0.025-inch-diameter stiff wire guide (Zebra; Microvasive, Boston Scientific) was then passed through the needle deep into right hepatic duct, and the needle assembly was withdrawn. The choledocho-duodenal tract was then dilated using 7-Fr Soehendra stent retriever (Figs 1, 2). A 7-Fr 10-cm straight biliary stent was then suc-
cessfully deployed through the accessory channel of the echo-endoscope (Fig 3).

Pruritus decreased considerably within 48 hours and the CBD stent was draining well 4 weeks later.

Discussion

Patients with combined duodenal and biliary obstruction require surgical or per-cutaneous biliary drainage procedures. The present case did not require gastric drainage procedure since she had undergone palliative gastro-jejunostomy. EUS facilitates access to the biliary system either through the duodenum into the CBD, or through the stomach into the left hepatic biliary system. Wiersema reported the first EUS-guided cholangiography. EUS-guided CBD drainage was first reported in 2001 by Giovannini. More recently, Mallery et al have reported trans-duodenal CBD access using a prototype 6.5-Fr diathermy sheath in two patients of a series of six cases.

Stent retrievers have been used to dilate the transmural tract after accessing a pseudocyst or for dilating tight pancreatic or biliary strictures, in earlier reports. However, using stent retriever to access the CBD has not been described so far. We successfully used Soehendra stent retriever for dilating the choledocho-duodenal tract to insert a biliary stent under EUS guidance.

References


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News and Notices

Second National Bioethics Conference is being organized by the Indian Journal of Medical Ethics in collaboration with 38 institutions across India from December 6 to 8, 2007, at National Institute for Mental Health and Neuro Sciences (NIMHANS) Convention Centre, Bangalore, Karnataka, India

The theme is Moral and Ethical Imperatives of Health Care Technologies: Scientific, legal and socio-economic perspectives on use and misuse. For further information visit the website: http://nbc.ijme.in

Third International Conference on Fermented Foods, Health Status and Social Well-being, and Seventh Alumni Convention of SMC College of Dairy Science is due to be held on December 14-15, 2007 at Anand (Gujarat)

For further information, please contact: Dr J B Prajapati (Coordinator), Department of Dairy Microbiology, SMC College of Dairy Science, Anand Agricultural University, Anand 388 110, Gujarat. Phone: (91) 2692 2641, 225851, 261 352. Fax: (+91) 2692 261314. E-mail: prajapatiashbhai@yahoo.com, Or Prof Baboo M Nair (Chairman), Department of Applied Nutrition, Lund University, Sweden. Phone (4646) 222 9634, E-mail: baboo_M.nair@appliednutrition.lth.se

CMCL-FAIMER Regional Institute Fellowship Program 2008 is being organized by Christian Medical College, Ludhiana

Applications are invited from medical teachers working in India for the CMCL-FAIMER Regional Institute Fellowship 2008. This program is uniquely designed for medical school faculties. It is a distance learning program, with two contact sessions of one week each (January 2008 and January 2009). Limited funding is available to support travel, course fee and stay at Ludhiana. Sixteen fellowships are on offer for 2008. Applications are open from June 1st, 2007 to October 15th, 2007

For details visit http://cmcl.faimer.googlepages.com/home or contact Dr Tejinder Singh, Vice principal and Program Director at 141008. cmcl.faimer@gmail.com

The 8th National Congress and Workshop on Minimal Access Surgery, organized by the Indian Association of Gastrointestinal Endo-Surgeons, will be held in Jaipur February 14-17, 2008

For details, contact: Dr K M Bhandari, Organizing Secretary, Bhandari Hospital and Laparoscopic Center, 395 Vasundhara Colony, Gopalpura Bypass, Tonk Road, Jaipur 302 018, Rajasthan. Phone: (141) 270 9044, 270 3851. Mobile: 98290 51047. Website: www.iages2008.com