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Ampullectomy with EXALT™ Model D Single-Use Duodenoscope

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Patient History & Assessment

A 78-year-old woman underwent upper endoscopy for reflux symptoms. A polypoid lesion was visualized at the ampulla. This was biopsied with a cold forceps. Pathology revealed tubular adenoma. The patient was referred for endoscopic ultrasound and consideration for subsequent ampullectomy.

Procedure

Endoscopy was first performed with a duodenoscope demonstrating the previously visualized ampullary lesion adjacent to a duodenal diverticulum. Endoscopic ultrasound revealed an 11.7mm x 9.2mm ampullary lesion consistent with the patient's adenoma. No other abnormalities were identified.

ERCP with endoscopic ampullectomy utilizing EXALT™ Model D was then performed. The pancreatic duct was cannulated and an 0.025 inch guidewire was advanced into the main pancreatic duct. An endoscopic snare was placed over the guidewire and resection of the ampulla was performed utilizing cautery. A 5Fr x 5cm pancreatic stent was placed 4cm into the pancreatic duct. The remainder of the ampulla was removed with a second snare resection.

The ampullary sample was retrieved with a RescueNet™ Retrieval Net and sent for pathologic analysis. The common bile duct was then cannulated and a 10Fr x 7cm plastic stent was placed 6cm into the bile duct. Pathology revealed tubular adenoma of the duodenum with high-grade dysplasia. The margins were free of adenomatous change/ dysplasia. The patient was discharged home without complication.

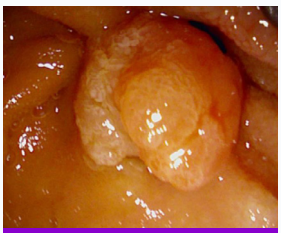

Figure 1
Initial Image of the Ampulla Prior to Instrumentation

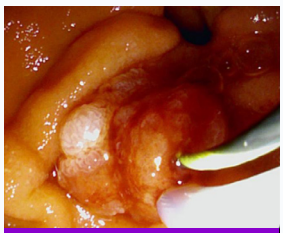

Figure 2
Passing the Snare Over the Wire and Closing Down on the Ampulla

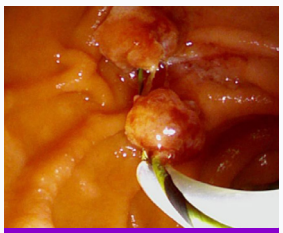

Figure 3
Initial Resection of the Ampulla over the Wire

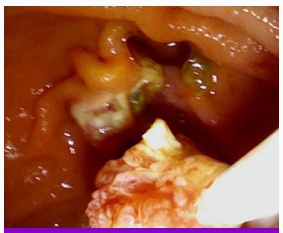

Figure 4
Immediate Post Resection with Ampulla Inside Snare

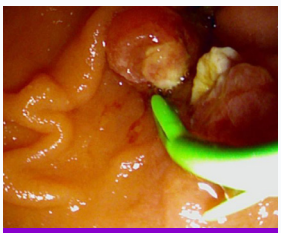

Figure 5
Placement of Pancreatic Stent Prior to Resection

Case Outcome/Discussion

The patient tolerated the procedure well without complication and was discharged the same day. EXALT™ Model D was used for multiple different interventions during this procedure, each intervention with different positions and maneuvers and all completed successfully.

The scope reacted well to adjustments in positioning and torque and was stable during the procedure. EXALT Model D provided additional stiffness which assisted in this procedure where multiple interventions were performed sequentially.

Other devices used during the procedure included: Autotome™ 39 Cannulating Sphincterotome, Jagwire™ Revolution High Performance Guidewire, Advanix™ Pancreatic Stent, Captivator™ II Single-Use Snare.

Images provided courtesy of Bhavesh Shah, M.D.

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