



Cholangioscopy with Electrohydraulic Lithotripsy with the SpyGlass™ DS II Direct Visualization System

Edward Villa, MD
Advanced Endoscopist
University of Illinois Chicago
Chicago, IL



Summary

Cholangioscopy with Electrohydraulic Lithotripsy for Successful Extraction of Cystic and Main Biliary Duct Stones in Patient with Mirizzi Syndrome and Retained Bile Duct Stones Following Cholecystectomy with the SpyGlass™ DS II Direct Visualization System.

Patient History & Assessment

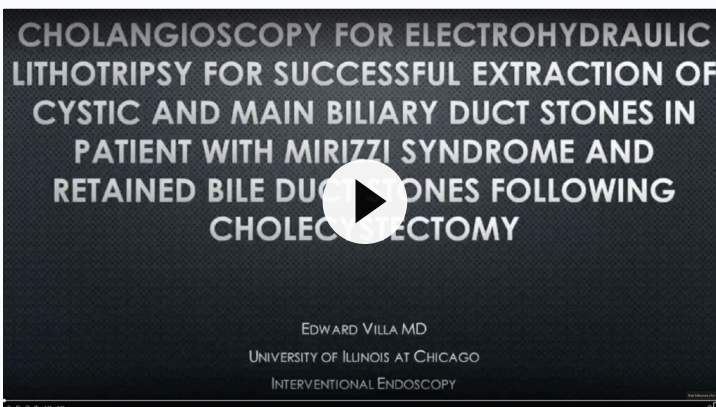
A 29-year-old, Hispanic female presented with cholecystitis and choledocholithiasis, managed by laparoscopic cholecystectomy following a routine ERCP with stone extraction. Post-surgical liver chemistries were abnormal, prompting an ERCP to be repeated. Balloon dilation was performed for a common hepatic duct stricture noted on cholangiography with concern for Mirizzi Syndrome.

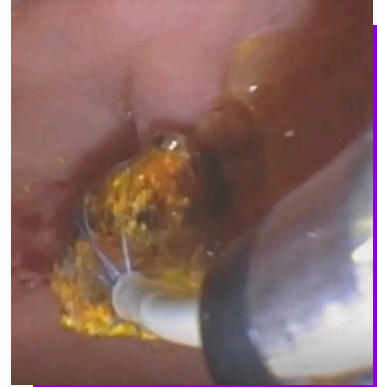
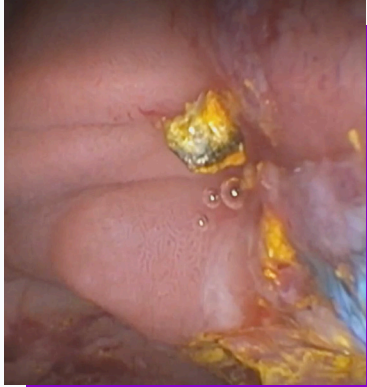
We performed an ERCP with cholangioscopy on the patient. The procedure was notable for multiple stones in the remnant cystic duct as well as choledocholithiasis with embedded stones in the main bile duct. The decision was made to place a plastic transpapillary biliary stent.

Procedure

ERCP with SpyGlass DS II Direct Visualization System cholangioscopy was repeated with the intent to perform electrohydraulic lithotripsy with the Autolith™ Touch Biliary EHL System 1.9 Fr biliary electrohydraulic lithotripter probe and extraction of stones to avoid a common bile duct exploration as suggested by the surgical service.

Fragmentation of multiple stones in the cystic duct and main bile duct were successful, and complete extraction was accomplished with an extraction balloon and the SpyGlass Retrieval Basket (See video and attached pictures).





Case Outcome/Discussion

The SpyGlass™ DS II Direct Visualization System proved critical in confirming location of the cystic duct and main duct stones as well as for therapy with electrohydraulic lithotripsy using the Autolith™ Touch Biliary EHL System and SpyGlass Retrieval Basket in a patient who would otherwise have undergone surgery after an already complicated post-operative course.

IMPORTANT INFORMATION: These materials are intended to describe common clinical considerations and procedural steps for the use of referenced technologies but may not be appropriate for every patient or case. Decisions surrounding patient care depend on the physician's professional judgment in consideration of all available information for the individual case. Boston Scientific (BSC) does not promote or encourage the use of its devices outside their approved labeling. Case studies are not necessarily representative of clinical outcomes in all cases as individual results may vary.

This case study was produced in cooperation with Dr. Edward Villa. Results from case studies are not predictive of results in other cases. Results in other cases may vary.

CAUTION: The law restricts these devices to sale by or on the order of a physician. Indications, contraindications, warnings and instructions for use can be found in the product labelling supplied with each device. Products shown for INFORMATION purposes only and may not be approved or for sale in certain countries. This material not intended for use in France. Rx Only.

Images provided courtesy of Dr. Edward Villa. All trademarks are the property of their respective owners.

2022 Copyright © Boston Scientific Corporation or its affiliates. All rights reserved.

ENDO-1290613-AA