

Removing Difficult Biliary Stones by Dilation Assisted Stone Extraction (DASE)



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technique spotlight

Patient History

The patient was a 56-year-old female who previously underwent laparoscopic cholecystectomy from a referring physician. The physician noted abnormal cholangiogram suggesting a large, distal filling defect in the bile duct. She was then referred to me for a dilation assisted stone extraction (DASE).

Procedure

The patient was transported to the Endoscopy Suite with anesthesia provided by general endotracheal intubation. The patient was maintained in a semi-prone position. A TJF160 Duodenoscope was inserted into the mouth, passed through the posterior pharynx, proximal, middle and distal esophagus. The scope was advanced through the GE junction into the stomach along the greater curvature, through the pylorus, duodenal bulb, and into the second portion of the duodenum. The scope was withdrawn into short position.

An RX 39 sphinctertome was loaded with an .025 guidewire and deep biliary cannulation (Figure 1) was achieved. A cholangiogram was performed which demonstrated a large filling defect in the distal duct. The duct was approx 10-12 mm with a 12 mm filling defect. A large endoscopic sphincterotomy (Figure 2) was made. I then utilized a 10-12 mm CRE balloon and dilated the ampulla (Figure 3) up to 12 mm as I knew I would then be able to pull the stone through the site. A large 12 mm stone was delivered (Figure 4). There was a large amount of pus behind the stone and the duct was then swept until it was clean.

The patient tolerated the procedure well and was transported to recovery in stable condition, placed on antibiotics and was monitored in the hospital until discharged stable the following day.

Conclusion

The DASE procedure using a CRE Wireguided Balloon Dilatation Catheter with a biliary indication (now called CRE PRO Wireguided Balloon Dilatation Catheter) is an effective approach to manage the removal of difficult common bile duct stones.

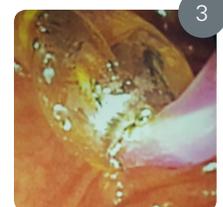
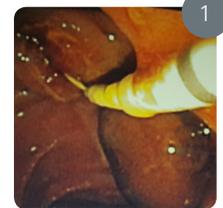
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