EXCEPTIONAL PATHFINDING ABILITY FOR the NOVAGOLD™ High Performance GUIDEWIRE.

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Introduction

ERCP can be a complex and demanding procedure, and passing a difficult stricture can be one of the trickiest moments during ERCP procedures. Thanks to improvements in coating materials –especially hydrophilic ones- and metals forming the core of guidewires, as well as cannulae and dilators, only a few strictures still resist the efforts of the expert endoscopist. However, the slim remaining fraction of untractable obstacles means that those patients' condition will worsen or that more invasive interventions may be necessary. The NovaGold™ High Performance Guidewire is a recently launched guidewire, .018 inches in diameter with a stiff body and a 6cm long gold tip providing high flexibility and alpha-loop forming capacity with adequate shape memory.

Patient History

A 60-year-old man presented with a history of alcohol and tobacco abuse, professional asbestos exposure and esophageal carcinoma. The patient previously had an esophagectomy with eso-gastric anastomosis. He then presented in August of 2015 with degraded general condition, severe weight loss and large volume ascites. The ascites was rich in amylase, suggesting a ruptured main pancreatic duct.

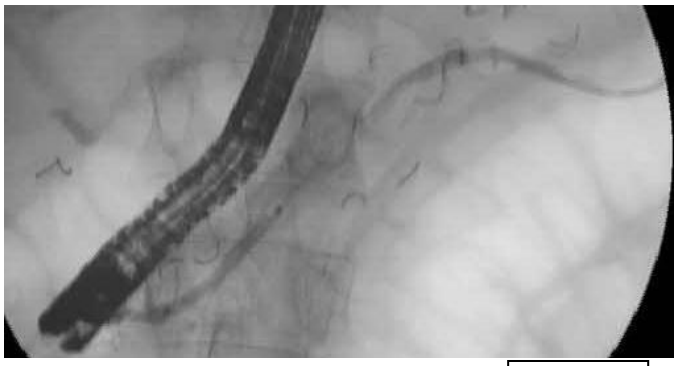

Figure 1

Procedure

A CT scan and pancreatic MRI showed no sign of chronic pancreatitis, but revealed a 2cm-large cystic formation in the head of the pancreas. After recovery from septic shock resulting from the ascites infection, the patient was referred to Cochin Hospital for further investigation. An Endoscopic Ulatrasound (EUS)

found a hypoechogenic 2cm-large cephalic nodule, and fine needle aspiration (FNA) yielded inflammatory and dystrophic acinar cells suggestive of focal pancreatitis. The same day, a first attempt at ERCP was unsuccessful because the papilla was difficult to cannulate as a consequence of previous esogastric surgery. A biliary sphincterotomy was performed to facilitate further attempts.

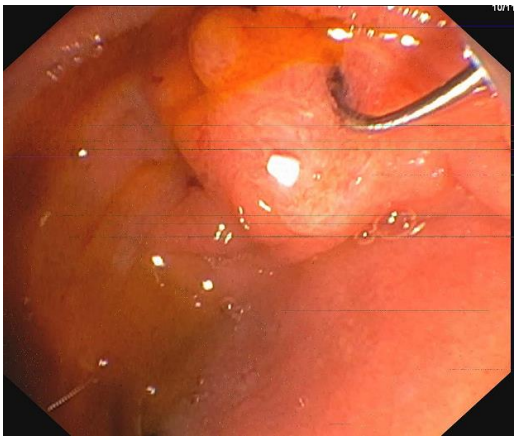

Figure 2

Three weeks later, another ERCP enabled finding the pancreatic duct in the anterior rim of the sphincterotomy. Contrast injection showed a short hook-shaped, tight and angulated stricture in the right part of the pancreatic body, with some contrast runoff above the stricture corresponding to the ductal rupture (Figure 1). Despite using a slim 0.025'' guidewire and fully hydrophilic straight and angulated 0.035'' wires, the stricture remained impassable. A NovaGold™ High Performance Guidewire was tried after more than one hour of unsuccessful attempts, and it almost immediately found the path through the stricture by forming an alpha-loop (Figure 2). Since the stricture was short, it wasn't necessary to change for a thicker wire before inserting a 7F, 12cm-long stent (Figure 3). The patient has done well following the procedure. A scheduled stent exchange performed four months later, and showed no residual stricture or leak. A CT scan showed no residual peri-pancreatic collection. The present stent will be definitively removed.

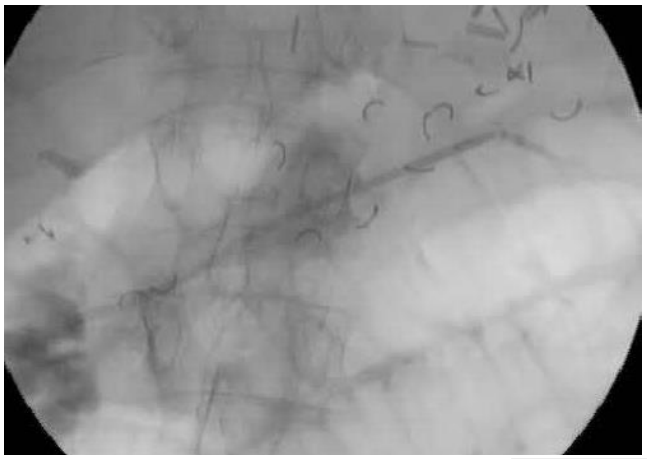

Figure 3

Conclusion

The NovaGold™ High Performance Guidewire represents a significant breakthrough in wire-guided pathfinding during ERCP, as demonstrated by this case, in which repeat attempts by an expert endoscopist with all the previously available tools had remained unsuccessful.

Results from case studies are not predictive of results in other cases. Results in other cases may vary.

Indications, Contraindications, Warnings and Instructions for Use can be found in the product labeling supplied with each device.

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