



Overcoming Distal Biliary Access Challenges

Successful ERCP and Direct Cholangioscopy with EXALT™ Model D and SpyGlass™ DS II

Patient history and background information

An 80-year-old male with a past medical history notable for ischemic cardiomyopathy presented to the hospital with painless jaundice and was evaluated for a distal biliary stricture, suspected to represent an occult ampullary versus biliary malignancy. Prior ERCP brushings were nondiagnostic, and EUS did not reveal an obvious ampullary mass. It was therefore decided to further investigate and evaluate the biliary stricture using direct visualization with SpyGlass-guided cholangioscopy.

Procedure plan

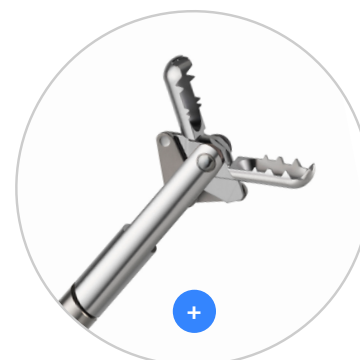
Using the EXALT™ Model D Single-Use Duodenoscope, deep cannulation of the bile duct was achieved [Figures 1, 2]. Dr. Ali noted that the control and maneuverability of the EXALT Model D Single-Use Duodenoscope helped maintain positioning in the duodenum, allowing the cholangioscope to be advanced into the distal-most aspect of the bile duct—a location commonly associated with positional slippage and challenges during detailed examination.



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Dr. Farhan Ali is a paid consultant of Boston Scientific.

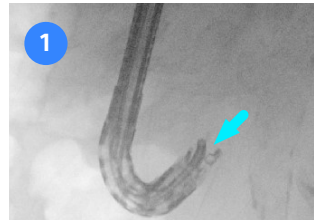


Procedural steps and outcome

Upon insertion of the SpyScope™ DS II, direct cholangioscopy revealed choledocholithiasis that had not been appreciated on prior imaging [Figures 3-5]. The SpyScope DS II was temporarily withdrawn to allow stone clearance with a biliary sweep [Figure 6]. After which repeat cholangioscopic examination revealed irregular-appearing mucosa with both inflammatory changes and frond-like projections within the strictured area [Figures 7, 8]. An aspect of the SpyGlass DS II Direct Visualization System is its ability to pair direct visualization with real-time tissue confirmation through biopsies with the SpyBite™ Max Biopsy Forceps, prepared as smash prep cytology slides during the procedure [Figure 9]. Our ability to provide smash prep slides allowed for near-instant evaluation of cellular morphology. As a result, we were able to obtain same-session confirmation that malignant tissue had been appropriately targeted while also ensuring the adequacy of the tissue sample.

Device impact

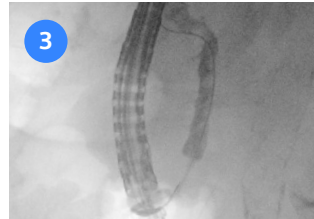
This case demonstrates the use of EXALT Model D Single-Use Duodenoscope and SpyGlass DS II Direct Visualization System and their impact on the evaluation and management of a complex biliary stricture. In this particular case, EXALT Model D Single-Use Duodenoscope's control and maneuverability allowed the cholangioscope to reach and, importantly, remain at the very limits of the biliary tree, while SpyGlass DS II Direct Visualization System brought to light findings that no prior modality had been able to reveal.



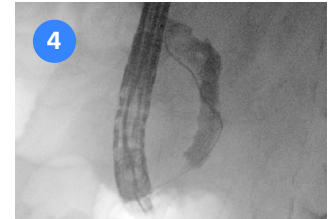
Fluoroscopic demonstrating SpyScope DS II positioning with the EXALT™ Model D Single-Use Duodenoscope for biliary duct access.



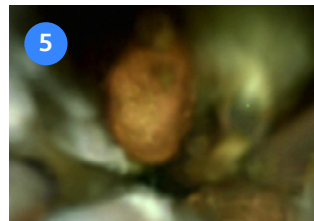
Fluoroscopic confirming deep cannulation of the common bile duct.



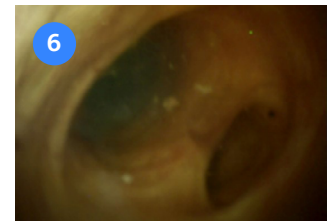
Fluoroscopic view illustrating a distal biliary stricture proximal to the papilla with associated choledocholithiasis.



Fluoroscopic view illustrating a distal biliary stricture proximal to the papilla with associated choledocholithiasis.



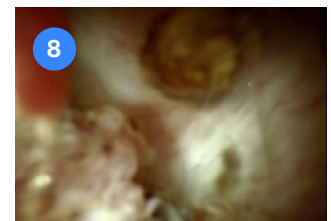
SpyScope DS II demonstrating the biliary duct bifurcation.



SpyScope DS II confirming the presence of choledocholithiasis in the biliary duct.



SpyScope DS II confirming the presence of choledocholithiasis in the biliary duct.



SpyScope DS II revealing irregular-appearing mucosa with associated inflammatory changes.



Tissue acquisition using SpyBite Max Biopsy Forceps targeted at the irregular-appearing mucosa.

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

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