



## Bilateral Epic Metal Stent Placement using EXALT™ Model D Single-Use Duodenoscope

**Dr. Ashley Vareedayah**  
Assistant Professor, Department of Medicine at NYU  
Grossman School of Medicine,  
New York, NY

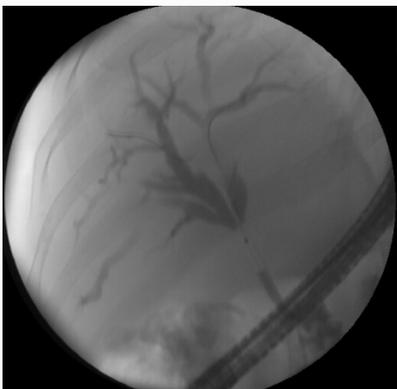


### Patient History & Assessment

A 54-year-old man presented with a history of biopsy-proven metastatic high grade neuroendocrine tumor with numerous liver lesions, intra-abdominal lymphadenopathy, and associated hilar stricture. He previously underwent ERCP (Endoscopic Retrograde Cholangiopancreatography) for cholangitis, with placement of bilateral plastic biliary stents (10Fr x 12cm and 7Fr x 12cm). He recovered well with resolution of abdominal pain and normalization of bilirubin after biliary stent placement. He then underwent chemotherapy and presented approximately two months later for repeat ERCP with biliary stent exchange.

### Procedure

We opted to perform an ERCP using EXALT™ Model D Duodenoscope due to the patient's immunosuppression (current chemotherapy for active malignancy). The two previously placed biliary stents were removed and the common bile duct was then cannulated using a 0.035in x 450cm Hydra Jagwire™ High Performance Guidewire and a Extractor™ Pro Retrieval Balloon Catheter. Cholangiogram was notable for a Bismuth IV stricture, with marked dilation of the upstream intrahepatic branches. Two biliary guidewires were advanced deeply into the biliary tree, one in the right intrahepatic system and another in the left, to allow for bilateral access. Bilateral intraductal stent placement was successfully performed using two Epic 6mm x 8cm self-expanding metal stents, deployed simultaneously. There was excellent drainage of bile and contrast after stent deployment.



### Figure 1

Cholangiogram demonstrating Bismuth IV stricture. Also seen is retained oral contrast in the colon from prior cross-sectional imaging.



**Figure 2**

Cholangiogram demonstrating Bismuth IV stricture. Also seen is retained oral contrast in the colon from prior cross-sectional imaging.



**Figure 3**

Improvement in biliary stricture and contrast drainage after deployment of a stent.

## Case Outcome/Discussion

Approximately three months after his most recent ERCP, the patient has shown an excellent clinical response to placement of bilateral intraductal uncovered self-expanding metal biliary stents, with normal bilirubin, and mildly elevated but stable transaminases. He is continuing to receive chemotherapy. This case demonstrates that the EXALT™ Model D Duodenoscope is safe and effective for facilitating the treatment of complex biliary strictures (ASGE ERCP Difficulty Grade 3).

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