

Palliative Management of a Complex Biliary Stricture with a Single-Use Duodenoscope

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Patient History & Assessment

Patient is a 67 year-old female who presented with painless jaundice and pruritus. Initial lab report revealed an AST 233 / ALT 186 / Alk Phos 869 / T Bili 23.7 / Ca 19-9 was normal.

The CT Scan and MRCP was done at an outside facility and demonstrated a 3.6cm x 2.2cm soft tissue abnormality in the hepatic hilum, biliary biopsy showed moderately differentiated adenocarcinoma. A 7Fr plastic biliary stent was placed. PET scan showed focal FDG activity at the porta hepatis without hypermetabolic activity distant from the primary tumor.

After discussion with a hepatobiliary surgeon, patient and family decided to forgo surgery and accept palliative chemotherapy. Approximately ten weeks after her initial ERCP, patient was referred to Dr. Seidel's center for more definitive biliary drainage.

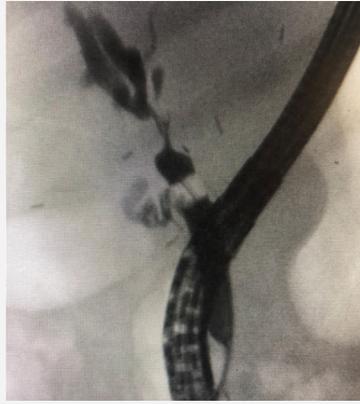
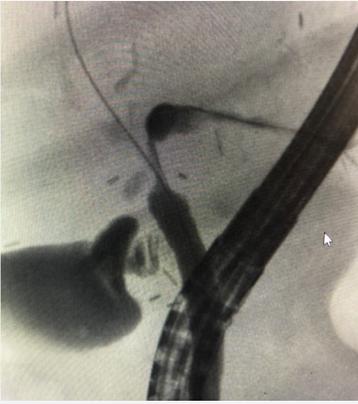
Description of Procedure

Patient was immunocompromised based on her history of diabetes, known malignancy and current chemotherapy. Therefore, the EXALT™ Model D Duodenoscope was chosen for the subsequent ERCP. On entering the second duodenum, the previously placed plastic stent was visualized arising from the ampulla and was removed with a snare.

Occlusion cholangiogram demonstrated tight bifurcation strictures in a Bismuth IV configuration, interrupting both left and right common hepatic ducts (see photos on the next page). Two .035 dream-wires were passed sequentially into both the left and right systems. The stricture was treated with radiofrequency ablation using the Habib RFA catheter, intrahepatic setting for 90 seconds – allowed to cool for 60 seconds before removal. The tissue debris was swept from each system with a 9mm retrieval balloon.

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Cholangiogram Photos – Post Stent Placement



Cholangiogram Photos – Post Stent Placement

To provide more durable palliation, bilateral 6mm x 60mm Epic Stents were placed in tandem, into each system without difficulty. The intrahepatic ducts both drained well post placement - a second occlusion study showed the stents to be well placed across the stricture and widely patent.

The patient received 500 mg Levaquin IV during the procedure and was discharged from recovery with a prescription for 5 additional days of oral Levaquin. Follow lab reports – 2 weeks later – revealed normal LFT's and the patient's pruritus had resolved.



Case Outcome/Discussion

This case demonstrates that the EXALT™ Model D Duodenoscope can be used safely and effectively for complicated biliary procedures in immunocompromised patients.

In this case, there were no cannulation issues; the scope remained in stable position and easily accommodated both the catheters and delivery systems utilized for this procedure. Richard Seidel, M.D.

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Images provided courtesy of Dr. Richard Seidel.

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