

Removal of a Large, Impacted Stone in the Distal CBD with the SpyGlass™ DS System

technique spotlight

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Patient History & Assessment

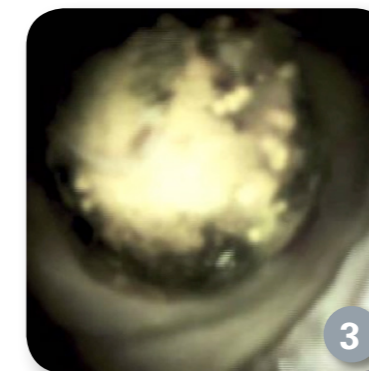
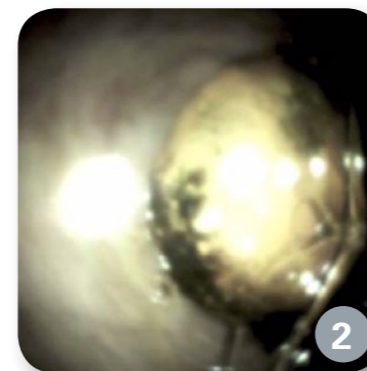
A 63-year-old woman was admitted to another hospital 9 months ago with right upper quadrant pain. She had abnormal liver tests and CT with contrast which showed a 3.7 x 3.3 x 3.3 cm fluid collection at the gallbladder fossa and a dilated CBD. An EUS was performed and a rounded anechoid stricture was seen in the gallbladder fossa. She had had a prior cholecystectomy. The CBD measured 1.3 cm with minimal intrahepatic duct dilation. An ERCP was also performed and a bile duct stricture was noted. There was pus coming from the ampulla and a stent was placed.

The patient had a repeat ERCP and repeat EUS procedure where it was determined that the stricture was actually a large stone in the distal end of the CBD about 1 cm from the ampulla, but the stone could not be removed with a balloon or basket [Figure 1]. Despite a 3rd and 4th ERCP performed, the stone could not be removed. The patient was referred to me for evaluation as a last resort before surgery.

Description of Procedure

I decided to attempt removal of the impacted stone using the new SpyGlass DS System with EHL. I set up the system for the procedure in about 1 minute. I performed an ERCP and identified a large impacted stone at the distal end of the duct within a centimeter of the ampulla. [Figures 2 and 3]. The EHL probe was passed through the scope. I found it easy to maintain a stable position with the new system and was able to fracture the stone, sweep the stone fragments out of the duct multiple times and then confirm ductal clearance.

Since there was significant abnormality noted at the site of the stone, I decided to take a biopsy. I passed the SpyBite™ Biopsy Forceps easily and took a sample [Figure 4]. The diagnosis was benign granulation tissue secondary to long term stone presence obtained on the first pass.



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Outcome

The procedure lasted less than 1 hour and the patient's pain was immediately resolved. After having 4 prior ERCPs, the patient was very relieved that I was able to remove the stone and avoid having to go to surgery. Had the SpyGlass DS System been available during one of the earlier ERCPs, it may have been possible to avoid the subsequent failed ERCPs, saving considerable time and costs.

Overall Impressions

- With the ease of set-up, I will definitely be doing cholangioscopy more frequently. I plan to use the SpyGlass DS System whenever I feel the need to look inside a duct; for example, to diagnose stricture inflammation vs cancer. This technology should be available to any ERCP patient, if indicated.
- The new SpyGlass DS System makes cholangioscopy more accessible and the learning curve faster. We won't need excessive training for our nurses and techs.
- It's one of the best biliary products I've seen in my practice so far and I think it will have a great impact on patient care.

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