

Diagnosing Local Spread of Hilar Cancer using the SpyGlass™ DS System

technique spotlight



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Patient History & Assessment

A 79-year-old man presented to his family practitioner with yellowing of the skin, dark urine, pruritus and progressive weight loss. He was found to have abnormal LFT's. Abdominal ultrasound showed dilated intrahepatic ducts. MRCP revealed a mid-bile duct stricture. He underwent an ERCP at the referring institution at which time a mid-bile duct stricture was diagnosed.

Brush cytology and fluoroscopy-guided biopsies revealed atypical cells. A stent was placed with clinical improvement. A repeat ERCP was performed with the same results. However, the removed stent was sent to pathology, revealing adenocarcinoma. The patient was deemed a surgical candidate.

Procedure

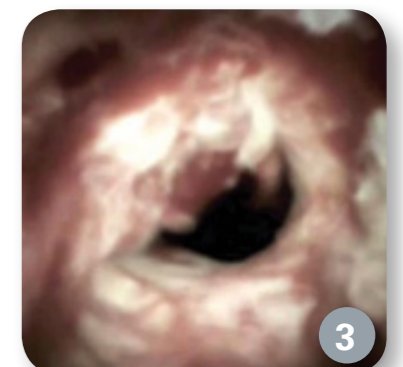
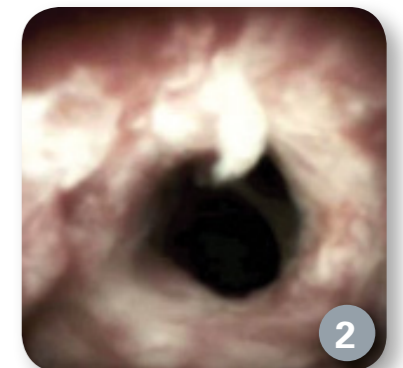
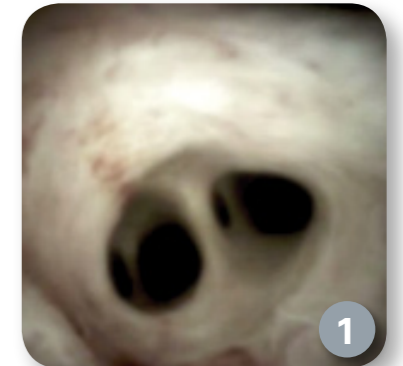
I saw the patient in consultation to better determine the location of the stricture. I performed an ERCP that revealed a 1 cm long stricture located 2 cm distal to the biliary confluence. Cholangioscopy using the SpyGlass DS System was performed revealing a malignant stricture in the CHD extending to the RHD and LHD and further into the LHD 1 cm to the confluence **[Figures 1-3]**. The more proximal IHD's were not involved.

Outcome

The patient was not considered a candidate for surgery and has undergone chemotherapy.

The SpyGlass DS System was used in this case to establish a diagnosis and determine the exact location of the stricture as well as to rule out local extension of the disease beyond the observed cholangiographic changes.

Patient management was altered based on the findings using the SpyGlass DS System because we were able to determine that the patient was not a candidate for surgery. This saved the unnecessary costs and potential risks associated with an unsuccessful surgery.



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Overall Recommendations

I use the SpyGlass DS System in any ERCP performed for abnormal LFT's and imaging performed for biliary stricture in which there is a question as to:

- the cholangiographic image
- the need for targeted tissue acquisition
- recognizing unidentified pathology such as that causing decreased visualization of biliary anatomy
- identifying unclear luminal filling defects
- determining local extent of a malignancy

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