

# Evaluation of Cystic Duct for Suspected Stones using the SpyGlass™ DS System

technique spotlight



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## Patient History

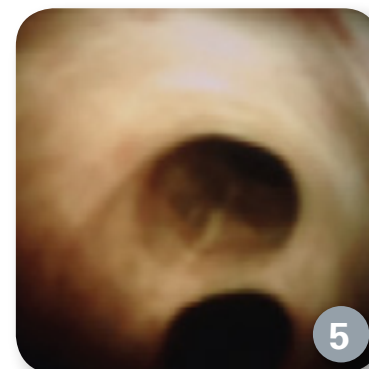
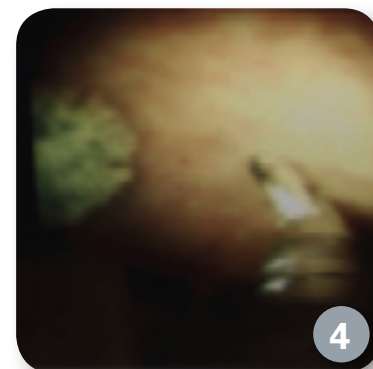
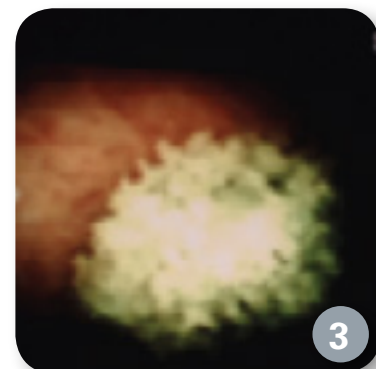
This patient is a 34-year-old female who presented with elevated LFT's and was experiencing vomiting and nausea for the previous four months. Evaluation with MRI and CT suggested a retained stone in the gallbladder remnant or cystic duct and the patient was referred to the Center for Interventional Endoscopy at Florida Hospital for evaluation.

## Case Assessment

At ERCP, the cholangiogram revealed a small remnant gallbladder containing a 7 mm filling defect and a long cystic duct. A 4 cm length x 4mm diameter Hurricane™ RX Balloon was used to dilate the cystic duct. Then a 1.5 cm Trapezoid™ RX Basket and stone extraction balloon were passed over a .035 guidewire in an attempt to remove the stone. These attempts failed because no device could be successfully passed into the gallbladder remnant. **[Figures 1 & 2]**.

## Procedure

It was decided to utilize the SpyGlass DS System. The SpyScope™ DS Catheter was passed over a .035 guidewire and was successfully advanced through the cystic duct and into the gallbladder remnant. The imaging was excellent and it was found that the "stone" was, in fact, some type of foreign body. **[Figure 3]** The SpyBite™ Forceps and the tip of the SpyScope DS Catheter were used to break up the foreign body and the fragments were suctioned through the SpyScope DS Catheter. **[Figure 4]** The gallbladder remnant was cleared. **[Figure 5]**



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## Discussion

This case illustrates the benefit of direct ductal visualization using the SpyGlass DS System. Direct visualization enabled the true nature of the filling defect to be established. Additionally, use of the SpyGlass DS System allowed clearance of the remnant gallbladder where traditional ERCP accessories failed.

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