



## Overcoming duodenal obstruction

# EXALT™ Model D Single-Use Duodenoscope in a challenging ERCP procedure

### Patient history and assessment

The patient was an 87-year-old female who presented with obstructive jaundice, abdominal pain, low appetite, and loose stool. The patient had a significant history of hypertension and dyslipidemia.

Labs on the patient presentation included AST 244, ALT 358, ALK 680, total bilirubin 20.5, and WBC 10.8. The patient had no prior ERCP or interventions.

### Procedure plan

An endoscopic ultrasound with a fine needle biopsy was performed on a 28 x 30 mm hypoechoic pancreatic head mass with a 22 g Acquire™ Needle, confirming the diagnosis of pancreatic cancer with on-site pathology.

There was difficulty passing the scope through the duodenal sweep, which was likely encountered due to extrinsic compression from the pancreatic mass. Initially, an endoscopic retrograde cholangiopancreatography (ERCP) was attempted using a reusable duodenoscope. The objective was to gain access into the common bile duct and place a WallFlex™ Biliary RX Uncovered Metal Stent for palliative treatment.



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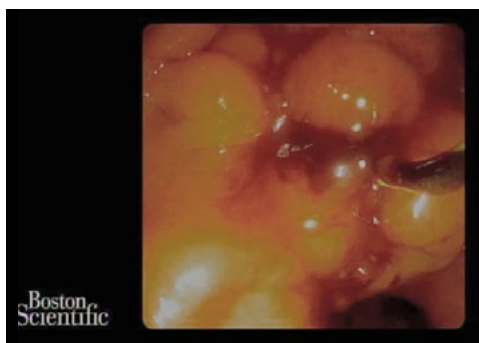


## Procedure / Techniques used

- It was difficult to gain access into the small bowel due to the difficult angulation and extrinsic compression caused by the pancreatic tumor, resulting in gastric outlet obstruction.
- After approximately 20 minutes of attempting to advance the reusable duodenoscope, it was exchanged to the Boston Scientific EXALT™ Model D Single-Use Duodenoscope. The EXALT Model D scope was gently introduced through the mouth, oropharynx, esophagus, and stomach. The duodenum was then accessed and the ampulla of vater was identified (Figure 1).
- Cannulation of the common bile duct was achieved using the Jagtome™ RX Cannulating Sphincterotome 44 preloaded with the .035/260cm Jagwire™ Revolution Guidewire (Figure 2). A cholangiogram was performed to determine the length of the stricture site and a WallFlex™ Biliary RX Uncovered Metal Stent 10 x 60 mm was then placed to conclude the procedure (Figure 3).



**Figure 1. Successful navigation to the duodenum achieved with the EXALT Model D Single-Use Duodenoscope**



**Figure 2. Cannulation into the common bile duct**



**Figure 3. The WallFlex Biliary RX Uncovered Metal Stent was placed to open the stricture for proper bile flow**

## Outcome and device impact

At Baylor All Saints Medical Center Fort Worth, the single-use EXALT Model D scopes have been used in transplanted patients, immunosuppressed patients, and for weekend or evening ERCPs.

In this particular case, the patient had a unique anatomy due to extrinsic compression of the duodenal sweep, for which the EXALT Model D design was able to gain proper access and complete this particular case.

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