**Patient History**

A 50-year-old male presented with jaundice. He had a long history of alcohol intake abuse. He also suffered from insulin dependent diabetes. An MRCP (Figure 1) showed a stricture in the lower common bile duct (CBD) probably related with gross findings of chronic pancreatitis (CP). In fact, diffuse pancreatic atrophy was seen. Besides dilation in the main pancreatic duct, increased collateral venous circulation in the splenic vein was also observed. Surgical options were ruled out and ERCP biliary drainage was deemed the most appropriate choice.

**Procedure**

A CBD deep cannulation ERCP showed a similar CBD stricture that was previously reported on MRCP. A medium sized biliary sphincterotomy was performed and a 6cm long, 8mm wide WallFlex™ Biliary RX Fully Covered Stent was inserted (Figure 2). This diameter was chosen because a lower cystic duct insertion was also reported in the MRCP. The duodenal end of the stent was placed enough outside from the papillary orifice to allow an easy endoscopic extraction at a later ERCP procedure (Figure 3).

**Post Procedure**

No complications occurred after ERCP. On a radiograph taken the next day (Figure 4) the stent had fully expanded. The patient was scheduled for follow-up but did not attend appointments. Nine months after stent insertion he was admitted due to diabetes-related problems. A consultation was made by the endocrinologist in charge with the Digestive Department. The patient’s liver biochemistry was normal and obstructive cholestatic pattern had completely subsided. Stent removal was accomplished during the ERCP by grasping the removal loop at
the end of the stent (Figure 2). No clear signs of the former stricture were seen on cholangiography but due to poor patient compliance with follow-up schedules, a plastic 7Fr double pigtail stent was inserted.

Discussion

The WallFlex Biliary RX Fully Covered Stent provided successful biliary drainage in this benign CBD stricture due to CP. Furthermore the stent could be removed nine months after insertion with no signs of remaining stricture on the cholangiography. Poor compliance with follow-up schedules is common in some patients suffering from this condition. It reinforces the need for patients to undergo as few procedures as possible.