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Summary

MANAGEMENT OF A DISLOCATED METAL BILIARY STENT USING ARGON PLASMA COAGULATION: A CASE REPORT

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A case report describes successful endoscopic argon plasma coagulation trimming of a distally migrated uncovered biliary metal stent in an 88-year-old patient with unresectable ampullary cancer.

KEY POINTS

- An 88-year-old man with unresectable ampullary cancer developed vomiting 12 months after placement of a 6-cm uncovered biliary SEMS, found to have 3-cm distal stent migration with the distal end impacted in the duodenal wall and reactive tissue ingrowth narrowing both stent and duodenal lumen.
- The distal 2 cm of the migrated stent was trimmed using axial argon plasma coagulation (80W power, 0.8 L/min gas flow) and removed with biopsy forceps in a 20-minute procedure without immediate complications, with discharge in 2 days.
- One month later the patient required duodenal SEMS placement for malignant duodenal obstruction below the papilla of Vater due to disease progression, which relieved symptoms.
- The authors conclude that endoscopic argon plasma coagulation stent trimming represents an efficient, easy, reproducible and well-tolerated approach for managing migrated uncovered biliary SEMS complications.
- This case may interest gastroenterologists managing biliary stent complications in patients with unresectable malignancy.

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