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Summary

EUS-GUIDED BILIARY DRAINAGE (EUS-BD) WITH ANTEGRADE FULLY-COVERED METAL STENTING AS SALVAGE THERAPY FOR POST-ERCP PERFORATION AROUND THE PAPILLA.EUS-GUIDED BILIARY DRAINAGE (EUS-BD) WITH ANTEGRADE FULLY-COVERED METAL STENTING AS SALVAGE THERAPY FOR POST-E

Hiroyuki Isayama

UEG Week Copenhagen 2023 | Poster

Hepatobiliary

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A case report describes EUS-guided biliary drainage as an immediate salvage treatment for both obstructive jaundice and retroperitoneal perforation following failed ERCP in a 79-year-old woman with distal cholangiocarcinoma.

KEY POINTS

- ERCP with precut procedure resulted in retroperitoneal extravasation of contrast after failed cannulation in a patient with obstructive jaundice and bilirubin of 18 mg/dL
- EUS-BD was performed immediately after ERCP using a transgastric approach with 19-gauge needle puncture of the intrahepatic bile duct and deployment of a 6-cm fully-covered metal stent in antegrade fashion
- CT-scan showed no collections with decreasing bile duct dilation and the patient had an uneventful recovery with discharge one week after EUS-BD
- Surgical specimen from pancreaticoduodenectomy performed one month later showed a 4-mm wide distal cholangiocarcinoma
- The authors suggest EUS-BD could be considered as an immediate rescue therapy in selected cases after ERCP adverse events such as perforation

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