ENDOSCOPIC MANAGEMENT OF SUMP SYNDROME: A RARE COMPLICATION OF SURGICAL BUT ALSO ENDOSCOPIC CHOLEDOCODUODENOSTOMY

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A 69-year-old woman with metastatic pancreatic cancer developed sump syndrome two months after EUS-guided choledocoduodenostomy with coaxial plastic stent, successfully managed by transpapillary metal stent placement and debris removal.

KEY POINTS

- Initial palliative management included EUS-guided choledocoduodenostomy using a 6x8mm lumen-apposing metal stent with coaxial 7Fr double pig-tail plastic stent, plus EUS-guided gastroenterostomy, with uneventful initial recovery.
- Two months post-procedure, the patient presented with cholangitis (fever 38°C, leukocytosis 22x10^9/L, CRP 253 mg/L, total bilirubin 7.3 mg/dL) and imaging showing intrahepatic bile duct dilation.
- Sump syndrome was diagnosed after ERCP revealed food debris in the common bile duct, managed by removing the plastic stent and placing a 60/10mm uncovered transpapillary self-expandable metal stent.
- The patient achieved complete symptom resolution with total bilirubin declining to 2.67 mg/dL at discharge and no recurrent cholangitis at one-month follow-up.
- This case may interest gastroenterologists managing biliary drainage complications in patients with malignant obstruction.

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