ERCP Via EUS Guided Duodenojejunostomy For A Biliary Stricture After Roux-En-Y Hepaticojejunostomy

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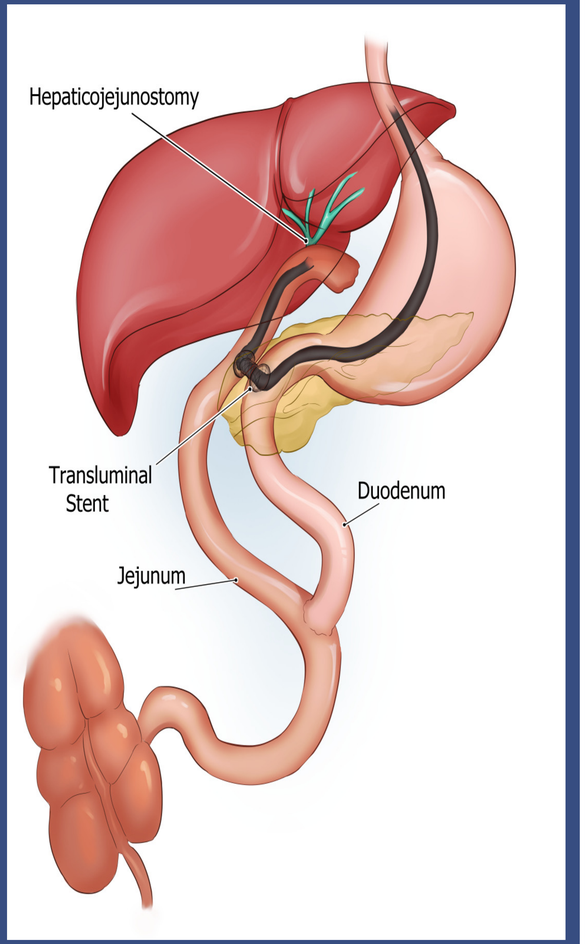
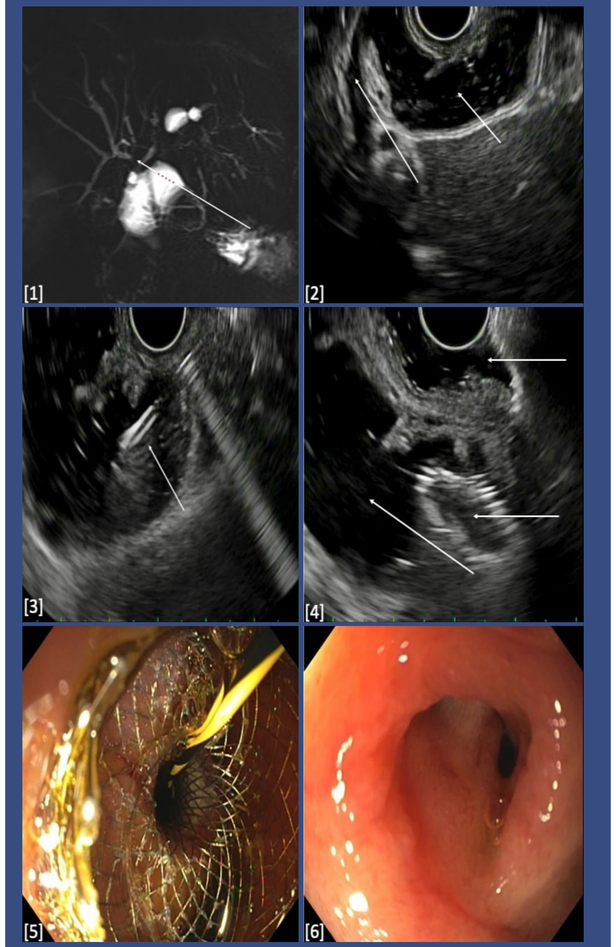
Introduction

- Patients with a Roux-en-Y hepaticojejunostomy (RYHJ) present a unique challenge when endoscopic retrograde cholangiography (ERC) is required.
- Standard approaches range from a surgical approach involving laparoscopic assistance to device assisted enteroscopy.
- Transoral approaches are variably successful, due to anatomy, length of intestinal limbs after surgery, and limitations in available accessories for use in device assisted enteroscopy.
- Here, we report the endoscopic use of a LAMS to create a duodenojejunostomy (DJ), thereby enabling ERC in a patient with RYHJ.

Case

- A 46-year-old woman status post cholecystectomy complicated by common bile duct injury necessitating RHYJ and prior anastomotic strictures.
- She presented to clinic with intermittent episodes right upper quadrant pain, and fever which were treated conservatively with antibiotics.
- MRCP demonstrated stricture of the hepatic duct near the anastomosis [1].
- Device assisted endoscopy was performed, but the anastomosis was unable to be reached.
- After discussing endoscopic, IR, and surgical options we proceeded with EUS guided interventions given the anticipated need for recurrent interventions for a biliary stricture.





Outcomes

- EUS demonstrated mild intrahepatic dilation with limited access points for hepaticogastrostomy.
- The bile duct and hepaticojejunostomy were visualized from the bulb with small bowel adjacent to the anastomosis [2].
- The jejunum was accessed using a 19 G FNA needle, and bile was aspirated to confirm intraluminal location.
- The jejunum was filled with 200 mL of sterile water and contrast [3].
- A 15 mm x 10 mm AXIOS was then deployed in good position, creating a DJ, which was confirmed fluoroscopically and endoscopically [4].
- Contrast was then injected through the stent to exclude a leak.
- 4 weeks later, ERCP was performed via the DJ [5].
- Cholangioscopy was performed which showed some edematous bile duct mucosa without findings concerning for malignancy [6].
- Biopsies and brushings were performed and three plastic stents were placed.
- The patient tolerated the procedure well, the tissue was benign and the patient has had resolution of her cholangitis symptoms.

Conclusions

- Here we report a novel use of LAMS enabling ERC in patient's status post RHYJ which allows easy access for repeat interventions and avoids the difficulties and limitations of device assisted enteroscopy ERCP.

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Key Abbreviations
RYHJ- Roux-en-Y hepaticojejunostomy
LAMS- lumen-apposing metal stent
DJ- duodenojejunostomy
ERC- endoscopic retrograde cholangiography