

Introduction

- In patients with malignant gastric outlet obstruction (GOO), surgical gastrojejunostomy has been viewed as the intervention of choice.
- With advancements in endoscopy, enteral self-expandable metal stents (SEMS) become a non-operative alternative.
- Although success rate is high, stent patency is brief, requiring reintervention due to tumor ingrowth.
- Endoscopic-ultrasound-guided gastrojejunostomy (EUS-GJ) with lumen-apposing metal stent (LAMS) placement is a newer approach that bypasses malignant GOO without the invasive risk of surgery or the limited lifespan of enteral stenting.

Imaging

Figure A: upper endoscopy showing a patent GJ LAMS

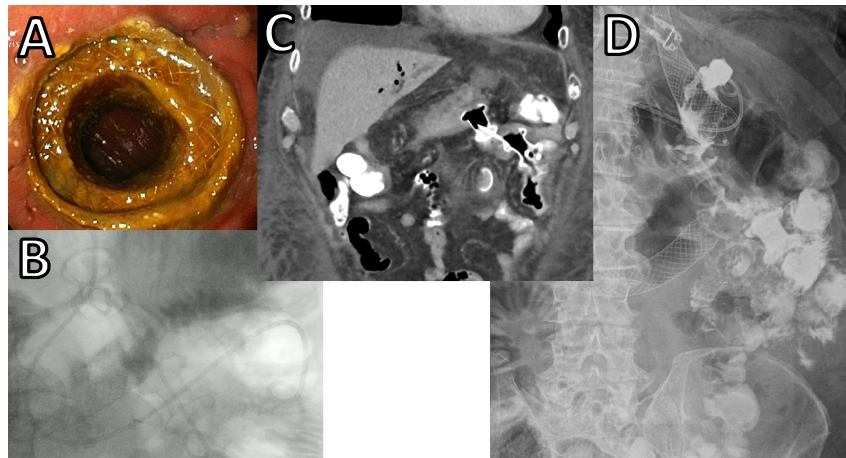
Figure B: fluoroscopic view of both LAMS traversed by a pigtail catheter

Figure C: coronal view of abdominal computed tomography showing both LAMS

Figure D: abdominal X-ray showing oral contrast distal to the EUS-JJ

Case Description

- A 75-year-old Caucasian male with a past medical history of metastatic distal esophageal adenocarcinoma presented to the hospital for early satiety and vomiting.
- He was diagnosed with malignant GOO and received a duodenal SEMS.
- Upon recurrence of symptoms, he received an EUS-GJ.
- Several months later, he returned for obstructive symptoms, where he received a surgical jejunal tube distal to the EUS-GJ, but again symptoms recurred.
- Repeat endoscopy showed a widely patent EUS-GJ (Figure A).
- The jejunal tube was visualized, but intraluminal narrowing prevented advancement of the endoscope, despite exchange of the jejunal tube.
- EUS-guided jejunojejunostomy (EUS-JJ) was performed to bypass the jejunal tube and area of obstruction (Figure B). Imaging was obtained to confirm stent patency (Figures C and D)
- The patient was able tolerate an oral diet without difficulty.



Discussion

- Methods of transluminal stenting have been successful in patients with altered anatomy.
- EUS-GJ utilizes non-surgical methods to bypass malignant gastrointestinal obstructions, thereby decreasing recovery time and shorter length of stay
- Compared to SEMS, EUS-GJ is less affected by tumor ingrowth or expansion.
- Here we present a novel case of an EUS-JJ through an existing EUS-GJ.
- Similar to EUS-GJ, EUS-JJ can be offered for palliation of malignant bowel obstruction.

References

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2. Dawod E, Nieto JM. Endoscopic ultrasound guided gastrojejunostomy. *Transl Gastroenterol Hepatol*. 2018 jNov 21;3:93. doi: 10.21037/tgh.2018.11.03. PMID: 30603729; PMCID: PMC6286920.