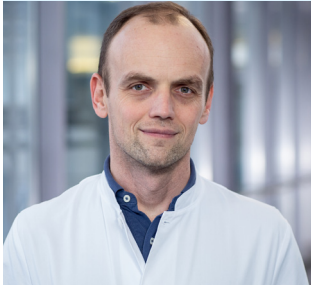


CASE REPORT

ERCP performed
with a single-use
duodenoscope

PLASTIC STENT PLACEMENT IN PATIENT WITH CHOLESTASIS



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PATIENT HISTORY

A 56-year-old patient with a history of necrotizing pancreatitis was scheduled for ERCP due to cholestasis. A prior MRI scan had shown a compression of the distal common bile duct due to walled-off necrosis.

PROCEDURE

An ERCP was performed with the Ambu® aScope™ Duodeno, a single-use duodenoscope. Passage into the duodenum was achieved without any problems, and the endoscope made a stable position and good visualization of the papilla possible. Wire-guided cannulation of the papilla was achieved in the first attempt. A cholangiogram showed longer stenosis of the distal common bile duct, which was most likely due to compression by the walled-off necrosis in the pancreatic head.

The transparent distal tip of the endoscope allowed excellent radiographic visualization of the distal common bile duct (Figure. 1).

After sphincterotomy, a 10F plastic stent was inserted to achieve biliary drainage.

OUTCOME

After the ERCP, the patient received transgastric drainage and multiple sessions of necrosectomy, which resulted in complete resolution of the walled-off necrosis. The patient was discharged and was scheduled for removal of the biliary stent and the transgastric drains.

CONCLUSION

ERCP with the Ambu® aScope™ Duodeno single-use endoscope is feasible. X-ray transparency of the distal tip allows excellent fluoroscopic visualization of the distal common bile duct.



Figure 1: ERCP with single-use duodenoscope

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