

## CASE IMAGE

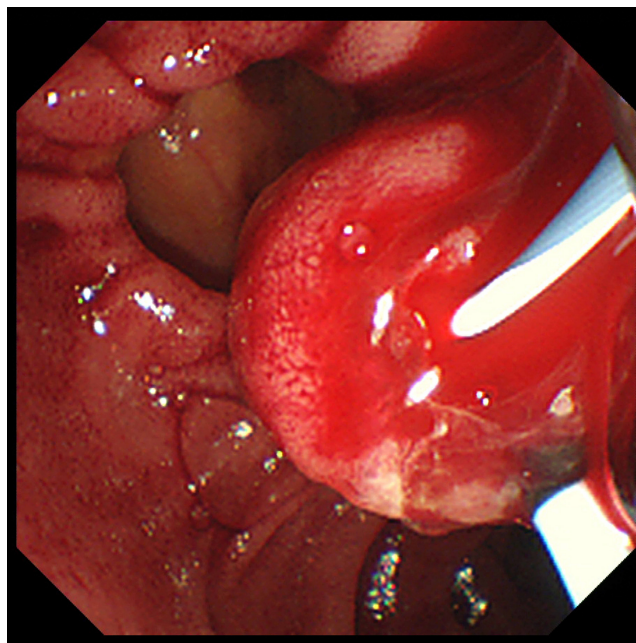
# Successful hemostasis for post-endoscopic sphincterotomy bleeding following endoscopic papillary large balloon dilation using 12-mm-diameter fully covered self-expandable metal stent

Masahiro Yanagi | Tsuyoshi Suda  | Naoki Oishi | Eiki Matsushita

Department of Gastroenterology, Kanazawa Municipal Hospital, Kanazawa, Ishikawa, Japan

**Correspondence**Tsuyoshi Suda, Department of Gastroenterology, Kanazawa Municipal Hospital, 3-7-3, Heiwamachi, Kanazawa, Ishikawa 921-8105, Japan.  
Email: [t.suda1112@gmail.com](mailto:t.suda1112@gmail.com)**Keywords:** endoscopic papillary large balloon dilation, endoscopic sphincterotomy, hemostasis, fully covered self-expandable metal stent

An 89-year-old woman was admitted to our hospital for common bile duct (CBD) stone treatment. Computed tomography showed a large CBD stone. We attempted endoscopic papillary large balloon dilation (EPLBD). However, massive bleeding occurred immediately after endoscopic sphincterotomy (EST) (Figure 1). We performed EPLBD with a 13-mm-sized balloon to achieve hemostasis (Figures 2 and 3), after which stone extraction was performed (Figure 4). However, she passed a large amount of black stool 5 days later. An emergency endoscopy revealed massive pulsatile bleeding from the duodenal papilla (Figure 5). As the biliary orifice was already dilated with EPLBD, we believed it would be ineffective to control the bleeding with balloon dilation or a regular 10-mm-diameter fully covered self-expandable metal stent (FCSEMS). Therefore, we decided to place a 12-mm-diameter large-bore FCSEMS across the papilla to sufficiently compress the bleeding point (Figure 6) and hemostasis was achieved (Figures 7 and 8). The stent was removed 6 days after the procedure, and no rebleeding was observed thereafter. In addition, there were no adverse events including intestinal perforation, pancreatitis related to this procedure. The effectiveness of FCSEMS placement for uncontrolled bleeding following endoscopic retrograde cholangiopancreatography (ERCP) is reported.<sup>1,2</sup> However, there are no reports on 12-mm-diameter large-bore FCSEMS (Niti-S SUPREMO)



**FIGURE 1** Massive bleeding was noted immediately after endoscopic sphincterotomy

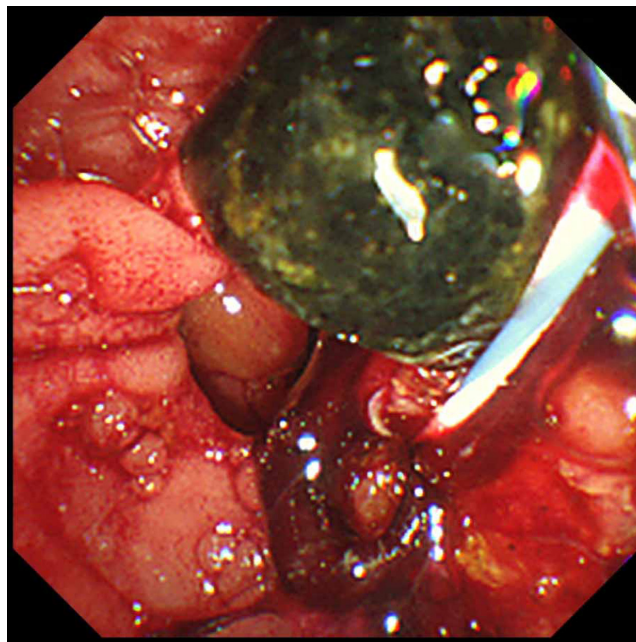
use for uncontrolled bleeding following ERCP procedures. This case indicates that 12-mm-diameter FCSEMS may be effective for securing hemostasis in post-EST bleeding following EPLBD.

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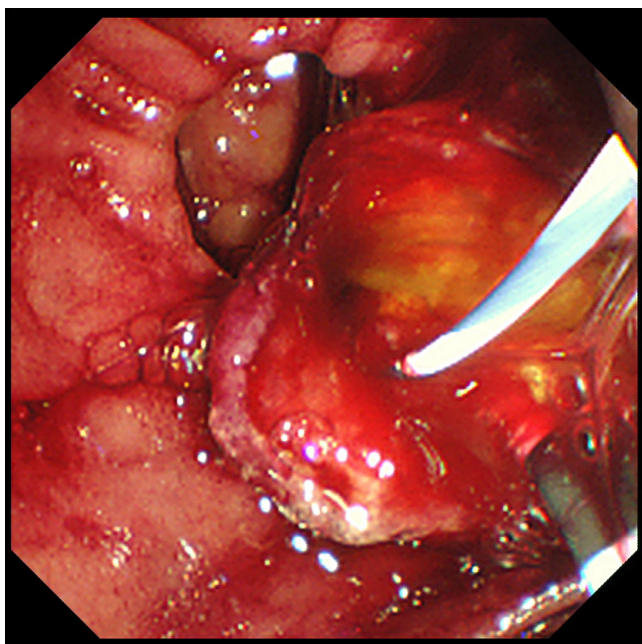
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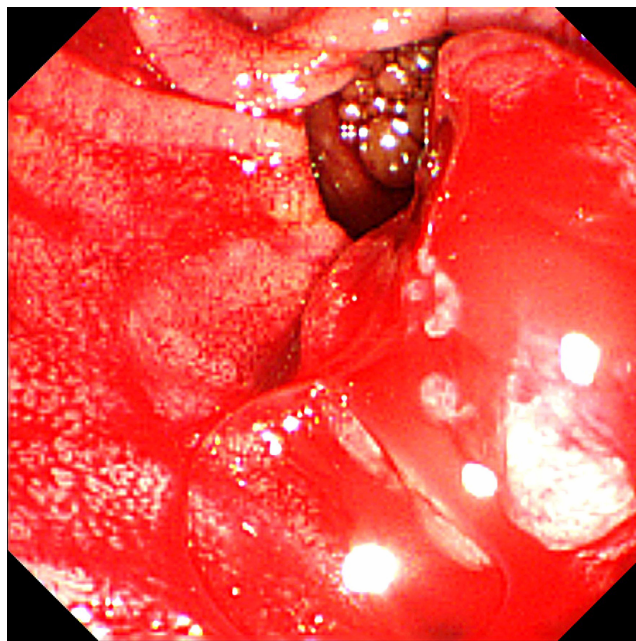
**FIGURE 2** Endoscopic papillary large balloon dilation (EPLBD) was performed with a balloon size of 13 mm



**FIGURE 4** Stone extraction was performed



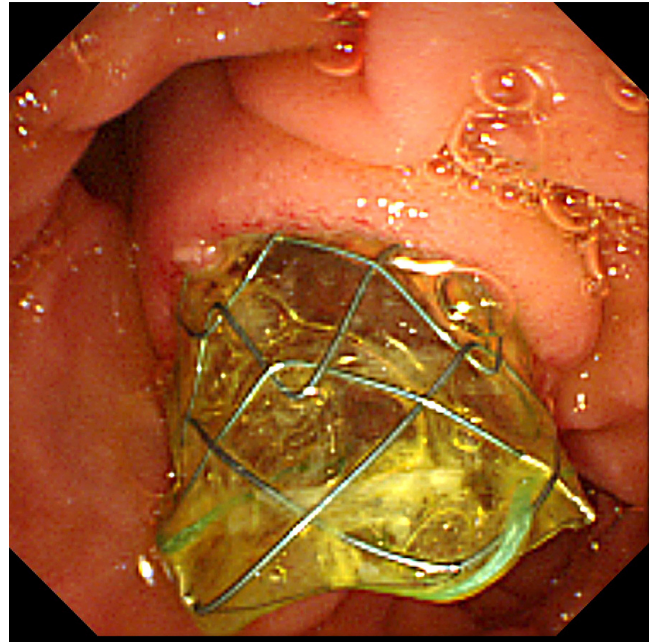
**FIGURE 3** Hemostasis was achieved through EPLBD



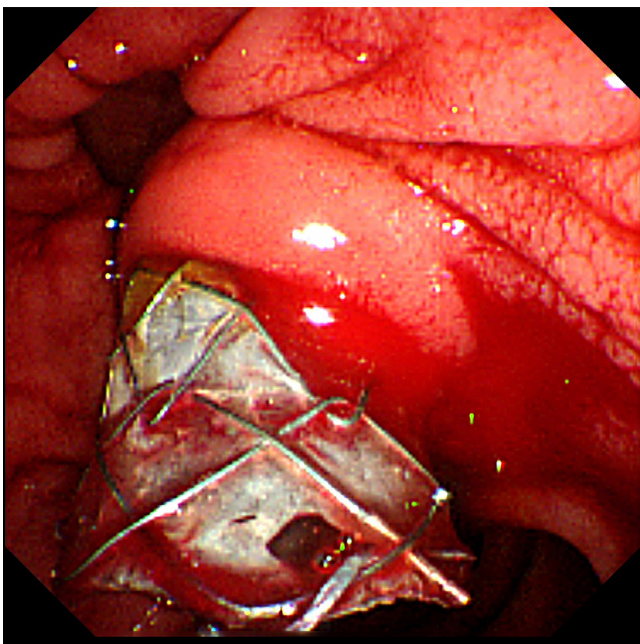
**FIGURE 5** Emergency endoscopy revealed massive pulsatile bleeding from the duodenal papilla



**FIGURE 6** 12-mm-diameter large-bore fully covered self-expandable metal stent was placed across the papilla



**FIGURE 8** After observing for a while, hemostasis was achieved



**FIGURE 7** Mild bleeding persisted immediately after the placement

#### **AUTHOR CONTRIBUTIONS**

MY cared for the patient, conducted the literature search, edited the manuscript, and prepared the figure. TS cared for the patient, contributed to the editing of

the manuscript, and prepared the figure. ON and EM edited the manuscript and provided expert opinion on gastroenterology.

#### **ACKNOWLEDGEMENT**

None.

#### **CONFLICT OF INTEREST**

There are no conflicts of interest to declare.

#### **DISCLOSURE**

We have no competing interests. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. Thus, there was no involvement by a funding source in the study design, collection, analysis or interpretation of the data, writing the manuscript, or the decision to submit the paper for publication. The corresponding author had full access to all the data in the study and had final responsibility for the decision to submit for publication.

#### **CONSENT**

Informed consent was obtained from the patient to publish these images.

#### **ORCID**

Tsuyoshi Suda  <https://orcid.org/0000-0001-9608-0444>

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