

Endoluminal hemostasis of a Dieulafoy-like lesion of the gallbladder after endoscopic ultrasound-guided biliary drainage by a lumen-apposing stent

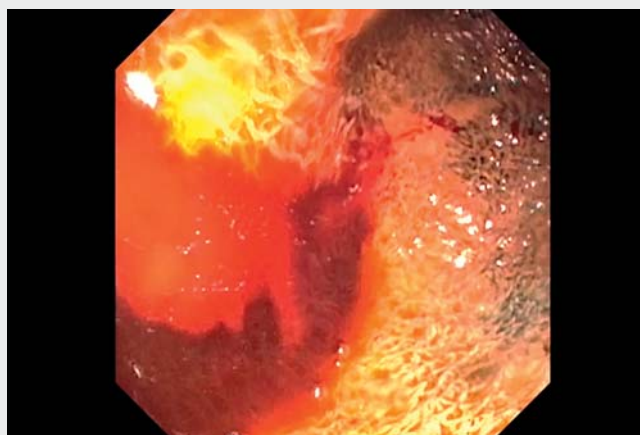
OPEN
ACCESS



► **Fig. 1** Gallbladder bleeding on computed tomography scan.

A 57-year-old woman presented to our unit for jaundice related to pancreatic cancer with a previously stented duodenal stricture. As the duodenal papilla or choledochus was not reachable, endoscopic ultrasound (EUS)-guided gallbladder biliary drainage was achieved by cholecystogastrostomy with a lumen-apposing metal stent (LAMS) (Axios 10mm; Boston Scientific, Marlborough, Massachusetts, USA).

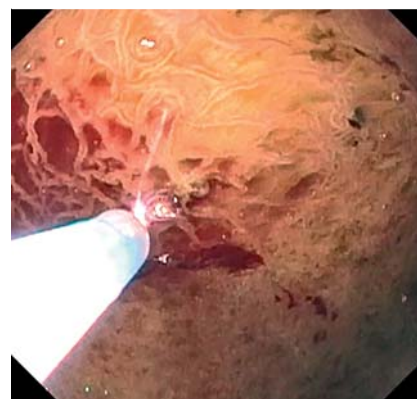
A few days after the procedure, jaundice worsened, and the patient lost 2 g/dL of hemoglobin. A computed tomography scan showed bleeding in the gallbladder with clots obstructing the bile ducts (► **Fig. 1**). An upper gastrointestinal endoscopy was then performed (► **Video 1**). Spontaneous passage into the gallbladder with a standard scope was not possible through the LAMS, and we therefore performed a 11.5 mm balloon dilation in an attempt to pass the standard scope; however, this was unsuccessful. We then used an ultrathin scope (UTS). After washing out the blood clot, an active bleed spurting from a Dieulafoy-like lesion of the gallbladder was evident (► **Fig. 2**). Hemostasis was performed using argon plasma coagulation because no other endotherapy tool was usable in the tiny operating channel of the UTS (► **Fig. 3**). The patient did not present any recurrence of bleeding, jaundice regressed, and she was able to resume chemotherapy (► **Video 1**).



► **Video 1** Endoluminal hemostasis of a Dieulafoy-like lesion of the gallbladder through a lumen-apposing stent.



► **Fig. 2** Bleeding from a Dieulafoy-like lesion of the gallbladder.



► **Fig. 3** Hemostasis with argon plasma coagulation.

This bleeding might be secondary to the puncture of the gallbladder by the cystotome because of its location just in front of the LAMS prosthesis. EUS-guided gallbladder drainage is mostly used in cases of cholecystitis [1]. Biliary drainage by cholecystogastrostomy with LAMS has been described as a rescue therapy, with a clinical success of >90% [2]. Peroral cholecystoscopy using a UTS

through a LAMS is possible and has been used for diagnosis and therapeutic purposes with targeted gallbladder biopsies or endoscopic gallstone removal [3]. The use of APC with ultraslim endoscope for peroral endoscopic hemostasis of the gallbladder is also feasible and effective.

Endoscopy_UCTN_Code_TTT_1AS_2AG

Competing Interest

The authors declare that they have no conflict of interest.

The authors

Antoine Debourdeau^{1,2}, **Jules Daniel**², **Jean Goupil**³, **Mathilde Sanavio**², **Philippe Poudroux**², **Jean-François Bourgaux**², **Ludovic Caillo**²

1 Endoscopy and Gastroenterology Unit, CHU Montpellier, Montpellier University MUSE, France

2 Endoscopy and Gastroenterology Unit, CHU Nîmes, Montpellier University MUSE, France

3 Radiology Unit, CHU Nîmes, Montpellier University MUSE, France

Corresponding author

Antoine Debourdeau, MD

Hôpital Saint Eloi, CHU Montpellier, 80 avenue Augustin Fliche, 34295 Montpellier Cedex 5, France
antoinedebourdeau@hotmail.com

References

- [1] Higa JT, Sahar N, Kozarek RA et al. EUS-guided gallbladder drainage with a lumen-apposing metal stent versus endoscopic transpapillary gallbladder drainage for the treatment of acute cholecystitis (with videos). *Gastrointest Endosc* 2019; 90: 483–492
- [2] Issa D, Irani S, Law R et al. Endoscopic ultrasound-guided gallbladder drainage as a rescue therapy for unresectable malignant biliary obstruction: a multicenter experience. *Endoscopy* 2020; 53: 827–831
- [3] Yoo HW, Moon JH, Lee YN et al. Peroral cholescystoscopy using a multibending ultraslim endoscope through a lumen-apposing metal stent for endoscopic ultrasound-guided gallbladder drainage: a feasibility study. *Endoscopy* 2022; 54: 384–388

Bibliography

Endoscopy 2023; 55: E84–E85
DOI 10.1055/a-1936-3173
ISSN 0013-726X
published online 10.10.2022
© 2022. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (<https://creativecommons.org/licenses/by-nc-nd/4.0/>)
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany



ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



Endoscopy E-Videos is an open access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

This section has its own submission website at <https://mc.manuscriptcentral.com/e-videos>