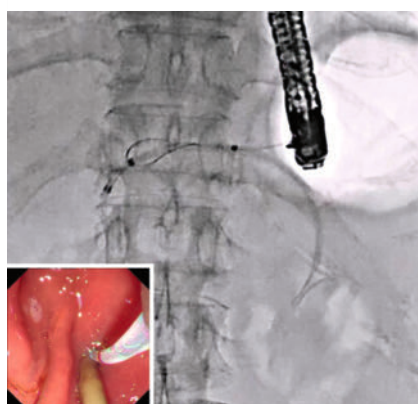
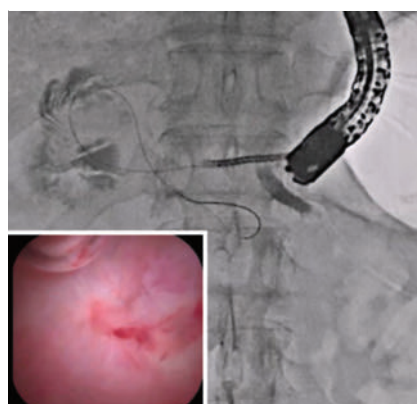




Endoscopic laser lithotripsy for a pancreaticojejunostomy stricture using a novel ultra-slim cholangiopancreatoscope via an endoscopic ultrasound-guided pancreatogastrostomy route



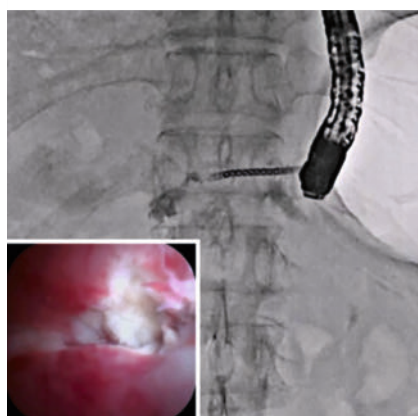
► **Fig. 1** A 0.025-inch guidewire is deployed along the plastic stent.



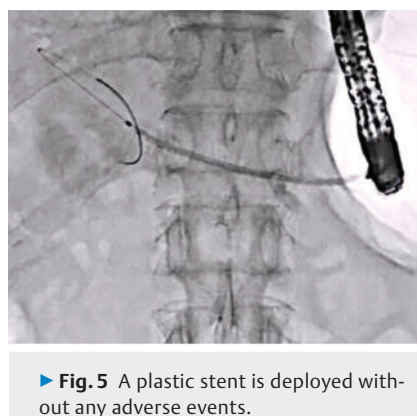
► **Fig. 2** Novel pancreatoscope insertion is attempted without tract dilation, and it is successfully inserted into the main pancreatic duct.



► **Fig. 3** Laser ablation for the pancreaticojejunostomy stricture can be easily performed without mucosal injury.



► **Fig. 4** After antegrade laser ablation, stricture resolution is obtained.



► **Fig. 5** A plastic stent is deployed without any adverse events.



► **Video 1** Novel pancreatoscope insertion is attempted without tract dilation, and it is successfully inserted into the main pancreatic duct.

Endoscopic ultrasound-guided pancreaticogastrostomy (EUS-PD) is now attempted for failed endoscopic retrograde cholangiopancreatography (ERCP). After EUS-PD, antegrade procedures such as stone extraction and laser ablation can be tried. However, during antegrade procedures, a pancreatoscope must be inserted into the main pancreatic duct through an EUS-PD route. To insert the pancreatoscope, tract dilation techniques such as balloon dilation and metal stent deployment have been reported [1,

2]. In cases of balloon dilation, however, the tract might rupture, and the cost of deploying a metal stent is high. To overcome this, an ultra-slim cholangiopancreatoscope with the unique characteristic of providing the working channel exit at the 3 o'clock position (7.8 Fr, Briview, SeeGen Co., Ltd, Shanghai, China) has become available. Technical tips for antegrade laser ablation of a pancreaticojejunostomy stricture (PJS) using this scope are described.

A 71-year-old man underwent pancreaticoduodenostomy due to pancreatic cancer 1 year earlier. He developed frequent

pancreatitis due to a PJS and was therefore admitted to our hospital. First, he underwent EUS-PD using a 7-Fr plastic stent without any adverse events. Two weeks later, antegrade treatment was attempted for the PJS. First, a 0.025-inch guidewire was deployed along the plastic stent (► **Fig. 1**), and the stent was removed. Then, novel pancreatoscope

insertion was attempted without tract dilation, and it was successfully inserted into the main pancreatic duct (► Fig. 2). The PJS was then identified. Because the probe was extracted from the 3 o'clock position, laser ablation for the PJS could be easily performed without mucosal injury (► Fig. 3). After antegrade laser ablation, stricture resolution was obtained (► Fig. 4). Finally, a plastic stent was deployed without any adverse events (► Fig. 5, ► Video 1). This patient underwent stent removal after 3 months, with no stricture recurrence observed during the clinical follow-up. In conclusion, an antegrade procedure using this slim pancreatoscope may be useful because tract dilation is not needed.

Endoscopy_UCTN_Code_TTT_1AS_2AI

Contributors' Statement

Kimi Bessho: Writing – original draft. Takeshi Ogura: Supervision. Junichi Nakamura: Data curation. Nga Nguyen Trong: Data curation. Hiroki Nishikawa: Project administration.

Conflict of Interest

The authors declare that they have no conflict of interest.

The authors

Kimi Bessho^{1,2}, Takeshi Ogura^{1,2,3}, Junichi Nakamura^{1,2}, Nga Nguyen Trong⁴, Hiroki Nishikawa³

- 1 Pancreatobiliary Advanced Medical Center, Osaka Medical and Pharmaceutical University Hospital, Osaka, Japan
- 2 2nd Department of Internal Medicine, Osaka Medical and Pharmaceutical University, Osaka, Japan
- 3 Endoscopy Center, Osaka Medical and Pharmaceutical University Hospital, Osaka, Japan
- 4 Department of Gastroenterology, Trong Nam Cancer Hospital, Hanoi, Vietnam

Corresponding author

Takeshi Ogura, MD, PhD, FJGES
Pancreatobiliary Advanced Medical Center,
Osaka Medical and Pharmaceutical
University Hospital, 2-7 Daigakuchou,
Takatsukishi, Osaka 569-8686, Japan
oguratakeshi0411@yahoo.co.jp

References

- [1] Ogura T, Ohama H, Higuchi K. Endoscopic Ultrasound-Guided Pancreatic Transmural Stenting and Transmural Intervention. *Clin Endosc* 2020; 53: 429–435. doi:10.5946/ce.2019.130
- [2] Samanta J, Chatterjee A, Dhar J et al. Endoscopic ultrasound-guided pancreatic duct drainage: a comprehensive state of the art review. *Expert Rev Gastroenterol Hepatol* 2024; 18: 351–365. doi:10.1080/17474124.2024.2383631

Bibliography

Endoscopy 2026; 58: E113–E114

DOI 10.1055/a-2771-4425

ISSN 0013-726X

© 2026. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited.
(<https://creativecommons.org/licenses/by/4.0/>)

Georg Thieme Verlag KG, Oswald-Hesse-Str. 50,
70469 Stuttgart, Germany

