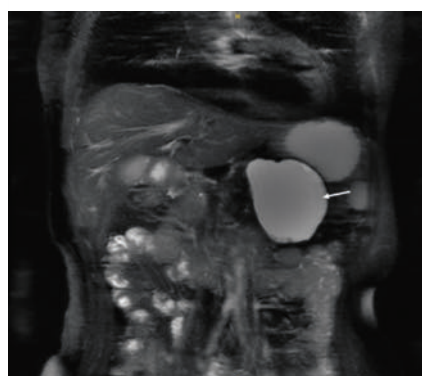
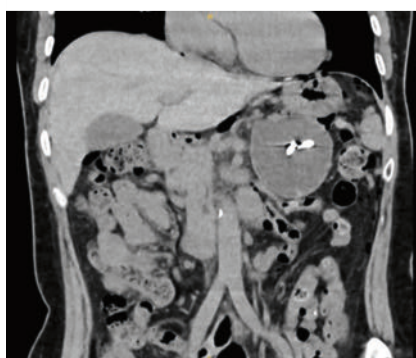


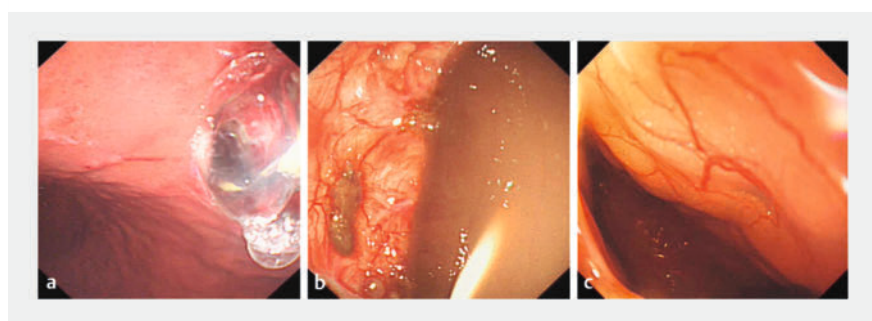
## Endoscopic rescue management of stent displacement after a pancreatic pseudocyst endoscopic drainage



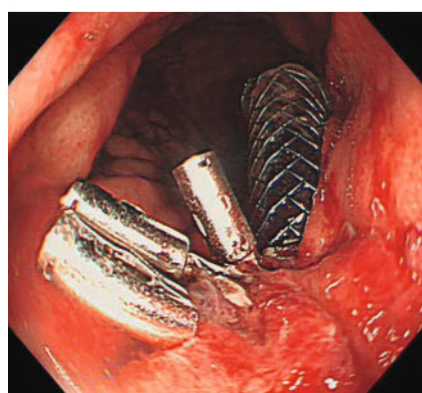
► **Fig. 1** Magnetic resonance imaging scan showing a pancreatic pseudocyst (arrow) located in the tail of the pancreas.



► **Fig. 2** Abdominal computed tomography scan view showing complete migration of the first stent into the pseudocyst cavity.



► **Fig. 3** Endoscopic view showing balloon dilation to re-establishment of the gastro-pancreatic tunnel. **a** endoscopic balloon dilation; **b** pseudocyst lumen; **c** abdominal cavity.

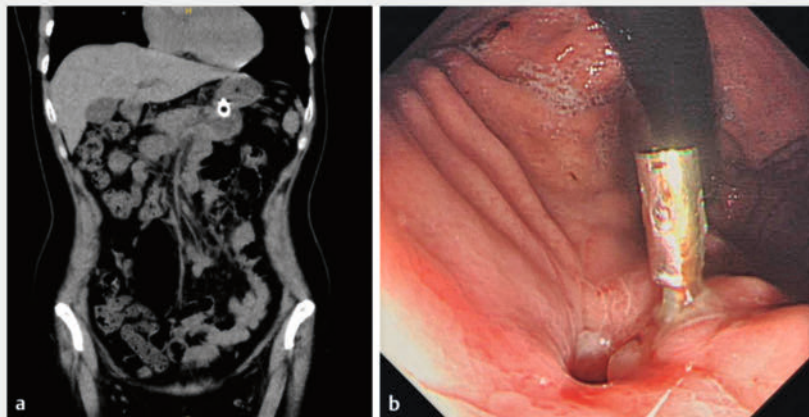


► **Fig. 4** Endoscopic view showing the final stent position.

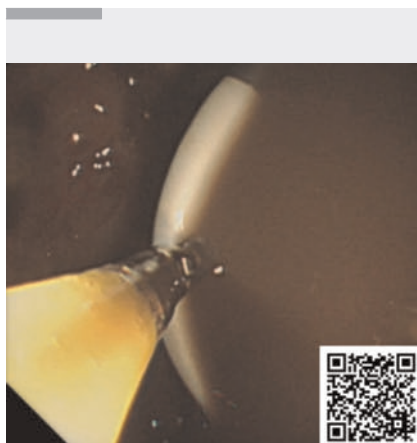
A 55-year-old woman had a history of acute pancreatitis 4 years prior, with the development of a large pancreatic pseudocyst (62 mm × 77 mm × 72 mm) in the pancreatic tail (► **Fig. 1**). Endoscopic ultrasound (EUS)-guided pseudocyst drainage was successfully performed with a 10Fr plastic double-pigtail stent. Post-procedural follow-up computed tomography (CT) imaging at 1 month revealed persistent pseudocyst dimensions with stent migration into the cystic cavity (► **Fig. 2**). After obtaining informed consent, the patient was referred for re-endoscopic pseudocyst drainage.

However, we did not observe any small orifice at the location of the previously applied stent during the endoscopy. EUS images confirmed stent migration into the pseudocyst lumen. We proceeded with transgastric puncture of the pseudocyst using a 19-gauge fine-needle aspiration needle under EUS guidance. A 0.035-inch guidewire was advanced through the needle, and the tract was dilated to 10 mm (► **Fig. 3 a**). After entering the pseudocyst lumen, the intracystic migrated stents were then removed by using foreign body forceps (► **Fig. 3 b**). Surprisingly, we found a full-layer perforation of the fistulous tract following balloon dilation (► **Fig. 3 c**). To simultaneously address perforation and cyst drainage, we placed a fully covered metal stent through the cystogastrotomy, fixing the proximal end on the stomach side with metal clips (► **Fig. 4** and ► **Video 1**). Effective drainage of the pseudocyst was observed, and the patient remained well and was discharged after 6 days. At follow-up 3 months later, an abdominal CT scan showed complete resolution of the pseudocyst, the stent was removed endoscopically (► **Fig. 5**). Stent migration represents a common complication in the endoscopic management of pancreatic pseudocysts [1], with endoscopic salvage procedures offering viable therapeutic options [2,3]. This case highlights the potential risk of perforation during endoscopic re-establishment of the gastro-pancreatic tunnel. The deployment of covered stents demonstrates efficacy in drainage and perforation closure, sparing patients from the morbidity associated with surgical intervention [4].

Endoscopy\_UCTN\_Code\_TTT\_1AO\_2AO



► **Fig. 5** Images showing the follow-up of the pancreatic pseudocyst. **a** abdominal computed tomography scan; **b** endoscopy.



► **Video 1** Endoscopic rescue management of stent displacement after a pancreatic pseudocyst endoscopic drainage.

## Conflict of Interest

The authors declare that they have no conflict of interest.

## The authors

Yue Hu<sup>1</sup>, Bin Lu<sup>1</sup>, Yi Xu<sup>2</sup>, Liang Huang<sup>1</sup>

- 1 Gastroenterology, The First Affiliated Hospital of Zhejiang Chinese Medical University, Zhejiang Provincial Hospital of Chinese Medicine, Zhejiang, China
- 2 Key Laboratory of Digestive Pathophysiology of Zhejiang Province, The First Affiliated Hospital of Zhejiang Chinese Medical University, Zhejiang, China

## Corresponding author

### Liang Huang

The First Affiliated Hospital of Zhejiang Chinese Medical University, Zhejiang Provincial Hospital of Chinese Medicine, Gastroenterology, 54 Youdian Road, Hangzhou, Zhejiang, China  
361765832@qq.com

## References

- [1] Pausawasdi N, Rugivarodom M, Rujirachun P et al. Effectiveness and Safety of a Single 7-French Plastic Stent for Endoscopic Ultrasound-guided Pancreatic Pseudocyst Drainage and Long-term Follow-up Outcomes. *J Med Ultrasound* 2021; 29: 250–257. doi:10.4103/JMU.JMU\_148\_20
- [2] Umopathy C, Gajendran M, Mann R et al. Pancreatic fluid collections: Clinical manifestations, diagnostic evaluation and management. *Dis Mon* 2020; 66: 100986. doi:10.1016/j.disamonth.2020.100986

- [3] Cahen D, Rauws E, Fockens P et al. Endoscopic drainage of pancreatic pseudocysts: long-term outcome and procedural factors associated with safe and successful treatment. *Endoscopy* 2005; 37: 977–983
- [4] Bakker OJ, van Santvoort HC, van Brunschot S et al. Endoscopic transgastric vs surgical necrosectomy for infected necrotizing pancreatitis: a randomized trial. *JAMA* 2012; 307: 1053–1061. doi:10.1001/jama.2012.276

## Bibliography

*Endoscopy* 2025; 57: E412–E413

DOI 10.1055/a-2589-1716

ISSN 0013-726X

© 2025. 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



## ENDOSCOPY E-VIDEOS

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



E-Videos is an open access online section of the journal *Endoscopy*, reporting on interesting cases

and new techniques in gastroenterological endoscopy. All papers include a high-quality video and are published with a Creative Commons CC-BY license. *Endoscopy* E-Videos qualify for HINARI discounts and waivers and eligibility is automatically checked during the submission process. We grant 100% waivers to articles whose corresponding authors are based in Group A countries and 50% waivers to those who are based in Group B countries as classified by Research4Life (see: <https://www.research4life.org/access/eligibility/>).

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