

Endoscopic removal of an inward migrated pancreatic duct stent with use of a small biopsy forceps through a dilator

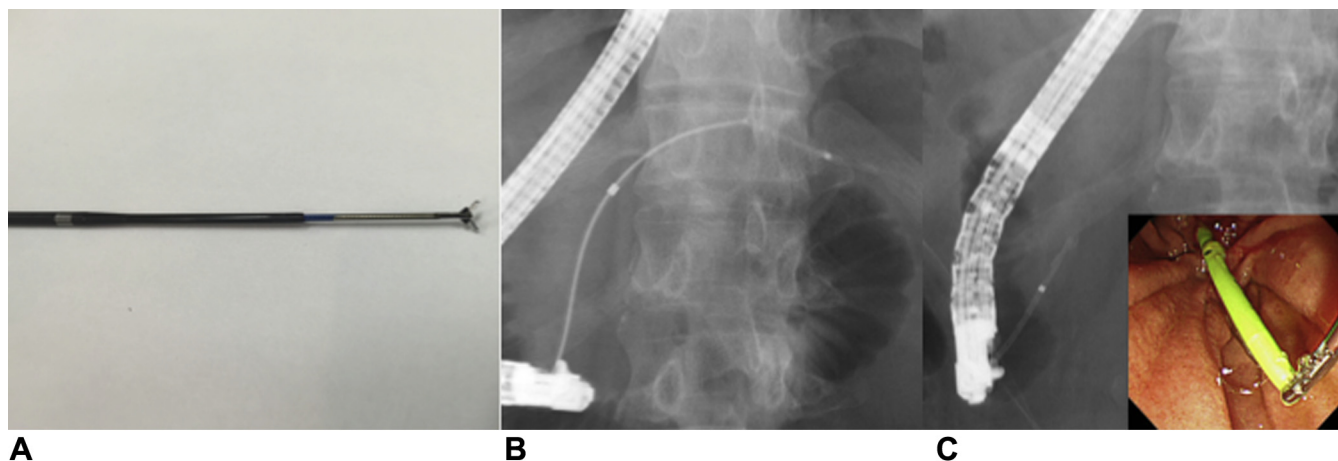


Figure 1. **A**, We used the SpyBite biopsy forceps (outer diameter 1 mm) through the Soehendra biliary dilation catheter (4F-7F, taper length 3 cm). **B**, The biopsy forceps was inserted through the catheter and grasped the distal end of the stent directly. **C**, The stent was completely removed.

A 36-year-old man underwent ERCP for a common bile duct stone in another hospital. To prevent post-ERCP pancreatitis, a 5F and 3-cm single-flanged pancreatic duct (PD) straight stent had been placed. However, the stent was inadvertently inserted upside down and migrated up to the comparatively distal PD. Attempts to remove the stent with use of a balloon catheter and a Soehendra stent retriever were unsuccessful. For further endoscopic treatment, he was referred to our hospital. We used the SpyBite biopsy forceps (outer diameter 1 mm; Boston Scientific, Natick, Mass) through the Soehendra biliary dilation catheter (4F-7F; Cook Medical, Bloomington, Ind) to remove the migrated stent (Fig. 1A). First, a 0.025-inch guidewire was placed in the PD beyond the migrated stent, and the catheter was advanced over the guidewire in front of the migrated stent. After removal of the guidewire, the biopsy forceps was inserted through the catheter to the distal end of the stent (Fig. 1B). Then, the PD stent could be grasped by the biopsy forceps. Finally, the stent

was completely removed (Fig. 1C; Video 1, available online at www.VideoGIE.org) without any procedure-related adverse event.

DISCLOSURE

All authors disclosed no financial relationships relevant to this publication.

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<http://dx.doi.org/10.1016/j.vgje.2016.08.004>

Written transcript of the video audio is available online at www.VideoGIE.org.