

Lumen-apposing metal stents salvage that accidentally dislodged during a necrosectomy of a WON (with video)

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Around 15% of the patients with acute pancreatitis develop acute walled-off pancreatic necrotic collection (WON). EUS-guided drainage of WONs with lumen-apposing metal stents (LAMS) is an established procedure because it is a minimally invasive approach and with good outcomes.^[1-3] However, deployment of electrocautery-enhanced LAMS is not always technically feasible and is associated with adverse events, such as bleeding, migration, infection, and dislodgement.^[3] Moreover, the solid, necrotic tissue contained within WON is not usually draining spontaneously and has the potential of developing an infection, requiring necrosectomies. Especially during the performance of necrosectomy, dislodgement of the LAMS can happen. We present such a case of accidental LAMS migration/dislodgement occurring during a necrosectomy procedure with a LAMS salvage manoeuvre.

A 48-year-old woman was transferred from a peripheral to our tertiary hospital for an acute

WON [Figure 1]. Under endosonographic and Doppler guidance, a 10 mm × 10 mm LAMS was placed from the posterior wall of the stomach into the WON. Despite an initial rapid improvement, the patient

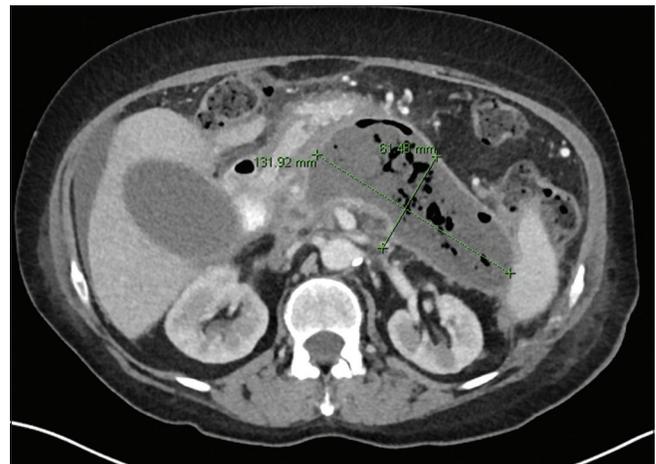


Figure 1. Abdomen computed tomography with a walled-off pancreatic necrotic collection measuring 132 x 61 mm.

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Figure 2. Re-positioning the lumen-apposing metal stents into the therapeutic endoscope channel

became septic 3 days after the placement of the LAMS. An Esophagogastroduodenoscopy (EGD) was performed for necrosectomy where the LAMS was dislodged accidentally. The stent was grasped with a biopsy forceps, removed orally, and cleaned. Then, a biopsy forceps was pushed through the scope and the LAMS was pulled over [Figure 2a]. The proximal end of the stent was then pushed into the therapeutic endoscope channel [Figure 2b] and the distal end of the stent was grasped with the forceps [Figure 2c]. The scope with the LAMS was carefully reintroduced into the stomach. Finally, the stent was put into the WON and the stent was deployed successfully under direct visualization by pushing forward the forceps [Video 1].

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Conflicts of interest

Payal Saxena is an Editorial Board Member of the journal. The article was subject to the journal's standard

procedures, with peer review handled independently of this editor and his research groups.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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