

Using Direct Visualization and the new SpyGlass™ Retrieval Basket to Identify and Remove Multiple Pancreatic Duct Stones



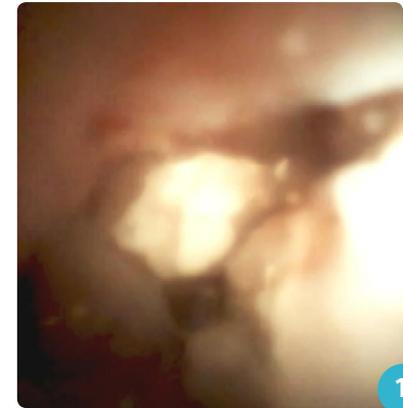
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Patient History

A 65-year-old male from the West Indies with a history of chronic alcohol abuse, chronic pancreatitis, and isolated gastric varices presented to New York Presbyterian of Queens. An MRI and previous EUS showed a dilated pancreatic duct up to 9mm with a possible pancreatic head mass vs. IPMN. The EUS also showed cirrhosis of the liver and the patient is currently on the transplant list at another institution. EUS was preformed and it showed calcifications of the pancreatic duct and 2 large pancreatic stones in the head of the pancreas.

Procedure

A Jagtome™ RX Cannulating Sphincterotome was used to cannulate the pancreatic duct and a pancreatogram showed a filling defect distal to the genu. The SpyScope™ DS Catheter was advanced over a .025 Jagwire™ High Performance Guidewire. Under direct visualization, two pancreatic duct stones and friable tissue were observed. The .025 Jagwire High Performance Guidewire was replaced with the SpyGlass Retrieval Basket. The SpyGlass Retrieval Basket was used to massage the walls of the pancreatic duct, showing six-to-ten pancreatic duct stones and not friable tissue (Figures 1 and 2). Six pancreatic



1



2

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stones in total were extracted using the SpyGlass Retrieval Basket (Figures 3-5). As the SpyScope™ DS Catheter passed the initial site of stones, an undocumented piece of a previously placed pancreatic stent was also visualized. Using the same basket, a rescue and extraction of this piece of plastic stent was performed. With the removal of stones and debris, a stiff Hydra Jagwire High Performance Guidewire was passed to the tail of the pancreas and a 7frx10cm single pigtail Advanix™ Pancreatic Stent was placed.

Post Procedure

There were no complications during the case. The patient did have some post-ERCP pain that was treated with oral pain medication in the outpatient setting. The patient will return in one month to have the stent removed and undergo a repeat pancreatoscopy to extract the remaining pancreatic duct stones.

Discussion

The utilization of the SpyGlass DS System and its corresponding SpyGlass Retrieval Basket enabled direct visualization within the pancreatic duct and immediate therapeutic action. With the inclusion of the SpyGlass Retrieval Basket, we prevented the need for the use of



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lithotripsy within the sensitive duct of the pancreas. In addition, we were able to smoothly extract the impacted stones of the pancreatic duct without causing excess trauma to the acinar cells.

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

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All images provided by Dr. Kim.

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