Bilateral Biliary Self-expanding Metal Stenting as Treatment for a Klatskin Tumor

CASE PRESENTED BY:

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PATIENT HISTORY

A 78-year-old female was admitted to the emergency room with complaints of jaundice, fever, skin itch and dark urine for about ten days. Laboratory data showed a total bilirubin of 12.9 mg/dl, and conjugated bilirubin 6.3 mg/dl. A CT scan and ultrasonography showed a mass lesion at the confluence of the right and left hepatic bile ducts (Bismuth-IVC). Four months prior to admission, she underwent a percutaneous transhepatic cholangiography endoscopic retrograde cholangiopancreatography (ERCP) using the rendezvous cannulation technique **(Figure 1)** for biliary plastic stent placement into the right hepatic duct, followed by nasobiliary drainage for reactive cholangitis, and subsequent (on the 10th day) retrograde bilateral stenting with two plastic stents.

PROCEDURE

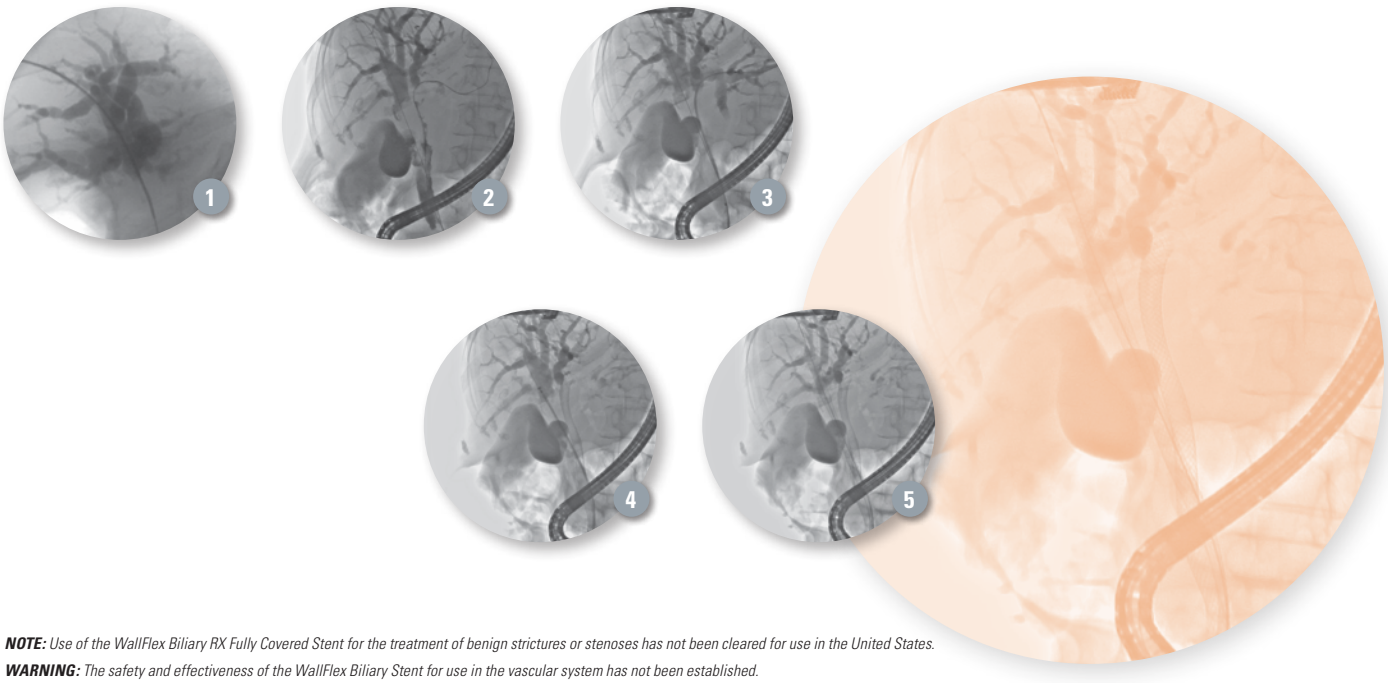
During the ERCP, a partial obstruction of one stent and complete obstruction of the other stent was revealed as well as signs of cholangitis. The plastic stents were removed. A Dreamwire™ High Performance Guidewire 0.035" was placed via the working channel of a TJF-180 scope into the right duct, while successful placement of the second Dreamwire Guidewire into the left duct required use of an Autotome™ RX 44 Cannulating Sphincterotome. Using rotating capabilities of the Autotome Sphincterotome, we were able to navigate the tip of the sphincterotome in the common bile duct, found the orifice of the left hepatic duct and selectively cannulated the left hepatic ducts by advancing the guidewire. Using the RX Locking Device, both guidewires were fixed in right and left hepatic ducts **(Figure 2)** and the sphincterotome was separated and removed. We then performed a subsequent bilateral passage of fully uncovered metal stents (WallFlex™ Biliary RX Stent 8x100mm and WALLSTENT™ RX Biliary Endoprosthesis Stent System 8x100mm) into the left and right biliary ducts **(Figures 3, 4 and 5)** followed by elimination of multiple stones and sludge from the left hepatic ducts.

POST-PROCEDURE

Within a short time, the patient improved and was discharged from the hospital on the fourth day.

DISCUSSION

This case represents the possibilities of endoscopic therapy using these types of devices to treat a difficult cholangiocarcinoma (Bismuth-IVC) situation. **Gentle placement of self-expanding metal stents allows for adequate duct drainage, which plays a great role in effective palliation of a malignant biliary obstruction.**



NOTE: *Use of the WallFlex Biliary RX Fully Covered Stent for the treatment of benign strictures or stenoses has not been cleared for use in the United States.*

WARNING: *The safety and effectiveness of the WallFlex Biliary Stent for use in the vascular system has not been established.*

ENDO-227501-AA March 2014