

New NaviPro Hydrophilic Guidewire for Multi-Stenting of Complex Malignant Hilar Strictures with Metal Stents



CASE PRESENTED BY:
VINCENZO PERRI, M.D.
IVO BOSKOSKI, M.D.
PROF. GUIDO COSTAMAGNA
 Digestive Endoscopy Unit
 Catholic University of Rome, ITALY

PATIENT HISTORY

This patient is an 87-year-old male with a complex malignant hilar stricture due to cholangiocarcinoma. Upon magnetic resonance cholangiopancreatography (MRCP), the stricture was found to be type III (Bismuth-Corlette). The patient previously underwent three endoscopic retrograde cholangiopancreatography procedures (ERCP) and the plastic stents were exchanged (**Figure 1**). Two months after the last ERCP, the patient presented with cholangitis and an urgent ERCP was performed.

PROCEDURE

The plastic stents were removed and there was an outflow of pus from the bile ducts. The complex hilar stricture type III was confirmed on cholangiography (**Figure 2**). After placing three NaviPro™ Hydrophilic Guidewires 0.035" (260cm, one standard and two stiff) (**Figure 3**), three uncovered WallFlex™ Stents, 10mm in diameter and 60mm in length were placed: two in two different right biliary ducts and one in the left biliary duct (**Figures 4, 5, 6**). Immediate contrast outflow was observed after placement of the stents (**Figure 7**).

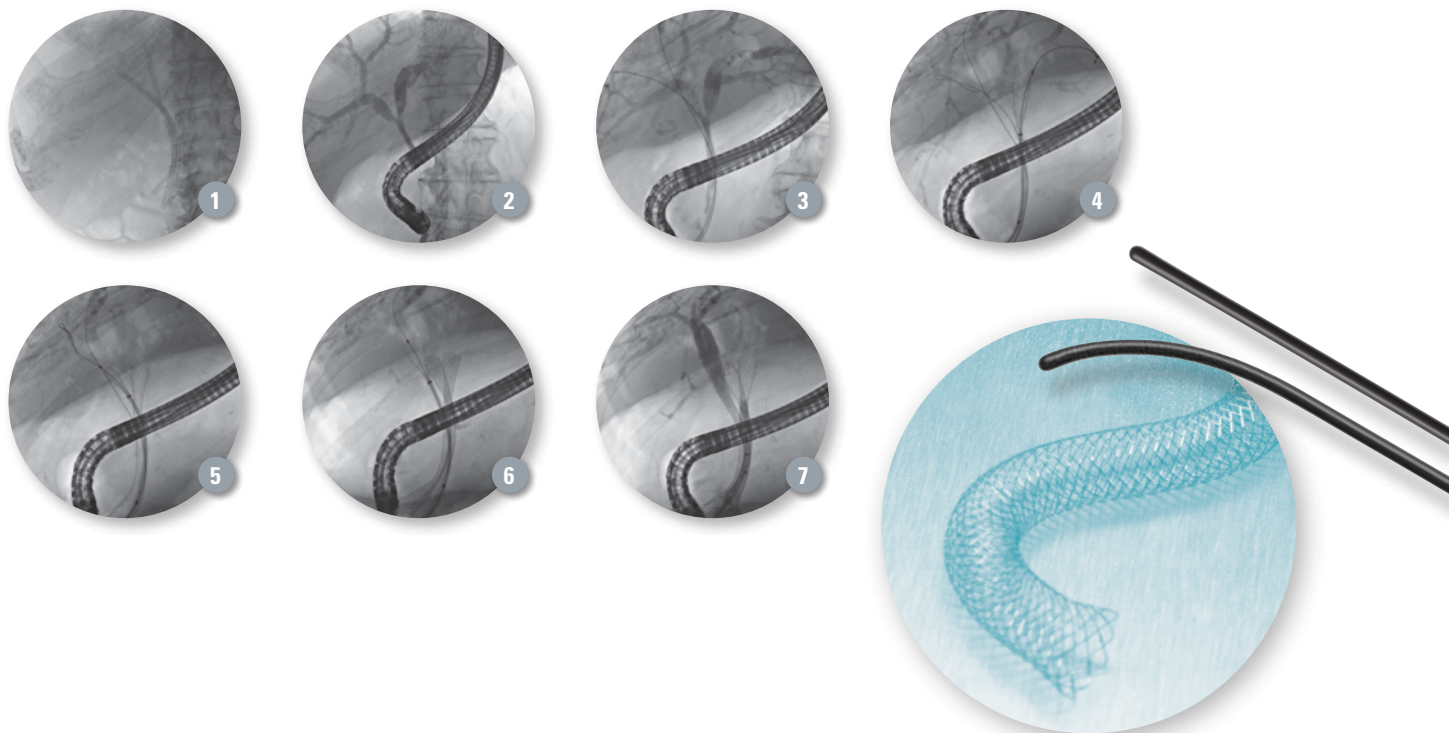
PATIENT OUTCOME AND CONCLUSION

The patient was discharged in good general condition the next day.

In order to avoid septic complications, it is very important to perform an MRCP mapping of the bile ducts and to understand the type of stricture. It is very important to drain all the opacified ducts.

Cannulation and overcoming tight biliary strictures can be done with the J-shaped NaviPro Guidewire. These new hydrophilic guidewires have a very good fluoroscopic visibility and are maneuverable (**Figure 3**). Three wires can be placed through the operative channel with insertion of the metal stents.

The WallFlex Stents with their intrinsic characteristics (very good and equilibrated radial and axial force) are well suited for use in complex malignant hilar strictures. These strictures are often very tight, so having good radial force is essential for complete expansion. The axial force of these stents is also important, especially for angulated ducts. The use of uncovered metal stents avoids closure of side biliary branches.



DISCLAIMER: Boston Scientific does not endorse the methodology of tri-lateral stenting as the sole method for treating malignant hilar strictures. As per ESGE guidelines, endoscopic drainage should be performed in high volume centers with experienced endoscopists and multidisciplinary teams (ref: Biliary stenting: Indications, choice of stents and results: European Society of Gastrointestinal Endoscopy (ESGE) clinical guidelines. Authors J.-M. Dumonceau, et al.).

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.

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

Indications, Contraindications, Warnings and Instructions for Use can be found in the product labeling supplied with each device.

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

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