

Title:

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Endoscopic treatment of postoperative intestinal stenosis combined with bilioenteric anastomotic stenosis

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Abstract:

Postoperative anastomotic stenosis is a common complication after biliary, pancreatic and gastrointestinal surgery, which may be caused by multiple factors such as tissue proliferation and cancer recurrence.^[1] Endoscopic therapy is often hampered when the lens is difficult to pass through.^[2] A patient with intestinal stricture complicated by bilioenterostomy stenosis was treated by superselection of guide wire and stent.

Keywords: ERCP. Anastomotic stricture.

Dear Editor,

The patient, a 55-year-old male, underwent pancreaticoduodenectomy 2 years ago and subtotal gastrectomy 1 year ago. He underwent ERCP and ENBD operations 10 days ago due to obstruction of the input loop in our department, and was admitted to the hospital with diarrhea in the past 3 days. CT showed reduced bile duct

dilatation. We performed ERCP surgery on the patient again. During the operation, it was found that the input loop was obstructed and the endoscopic body was difficult to pass, so the nasobiliary duct was trimmed to become a biliary stent. However, the patient's condition did not improve after surgery. EUS and ERCP were performed again, and endoscopic ultrasonography showed that biliary duct dilation and input loop obstruction still existed. In this operation, the narrow intestinal cavity was dilated with a balloon, the previous stent was removed, the guide wire was superselected into the bilioenteric anastomosis, and two double pigtail stents were placed in the bile duct for biliary drainage. A double pig tail scaffold was placed in the input loop for drainage of the input loop, and the end of the scaffold was trimmed away from the intestinal wall to avoid clogging the scaffold. The patient recovered well after surgery.

Discussion:

Reconstruction of digestive tract makes ERCP more difficult. The situation of this case is very complicated, but we have used ERCP technology to properly solve it. It is well known that the triangle has a good stable structure, and the placement of three stents is conducive to the expansion of the narrow section of the intestine. Our surgical approach also offers a new treatment option for patients with biliary obstruction combined with intestinal obstruction. When ERCP is difficult to intubate or guide wire placement fails, EUS can also be tried for biliary drainage.^[3]

CONFLICT OF INTEREST:

The author declares that there is no conflict of interest in this article.

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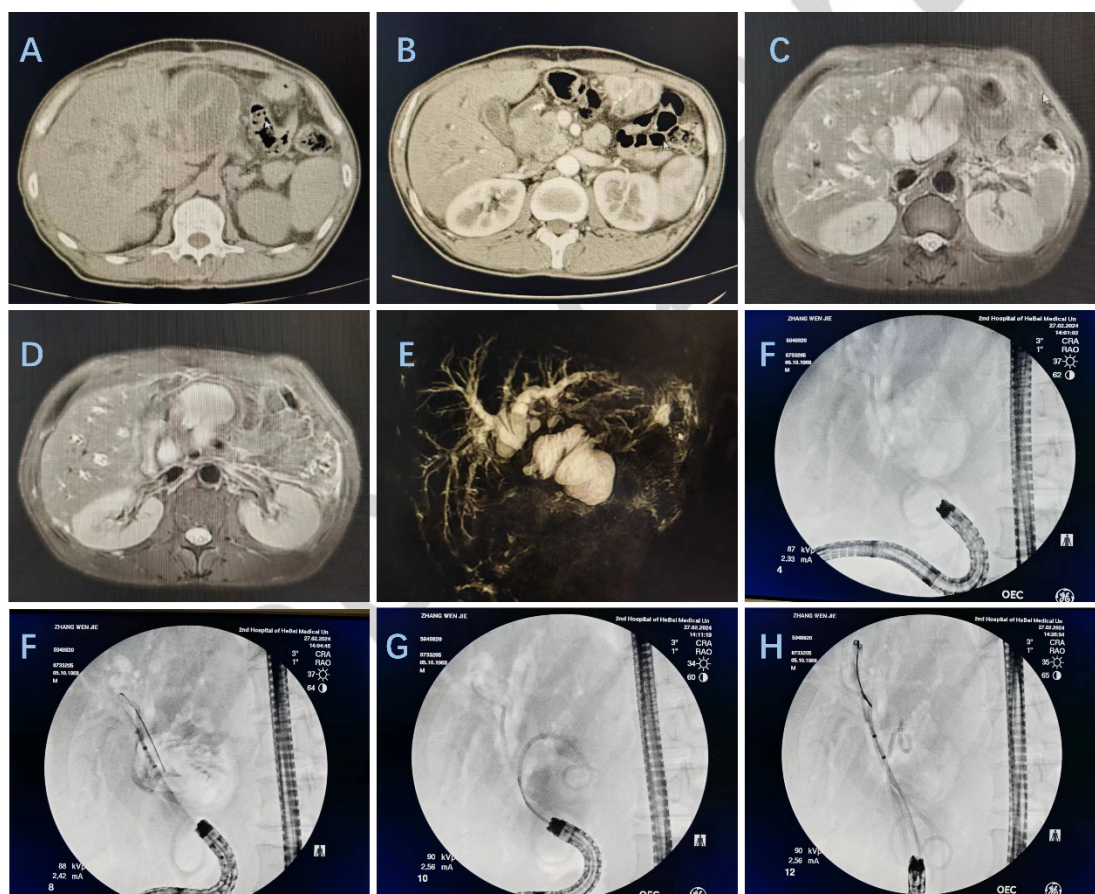


FIG. 1. A-E: Abdominal CT and MRCP showed biliary duct dilation and input loop intestinal duct dilation. F-H: Stent placement of bile duct and intestine under wire superselection.