

Title:

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Endoscopic therapy in disconnected duct syndrome: re-connecting the duct

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A 61-year-old male patient with a history of acute necrotizing biliary pancreatitis with extensive walled off necrosis was admitted for endoscopic ultrasound-guided transgastric drainage, using a luminal apposing metal stent (LAMS). He underwent a magnetic resonance cholangiopancreatography (MRCP) that showed a 21 x 12 x 13 cm bulky collection in the pancreatic body and tail. The main pancreatic duct was in continuity with the collection described above, suggestive of a disconnected duct syndrome (DDS) (Fig. 1). He underwent three sessions of endoscopic transgastric necrosectomy with complete resolution of the necrosis. A pancreatic fistula was identified during pancreatography before the LAMS was removed. Pancreatic sphincterotomy was performed and a pancreatic plastic stent (7 Fr in diameter; 12 cm length) was placed in order to manage the DDS endoscopically. The tip of the pancreatic stent could be seen inside the pancreatic collection right before removing the LAMS (Fig. 2). Two months later, a computed tomography (CT) showed the resolution of the collection with the pancreatic stent in place. The pancreatic stent was removed and the patient was referred for cholecystectomy. He has remained asymptomatic ever since.

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Accepted Article

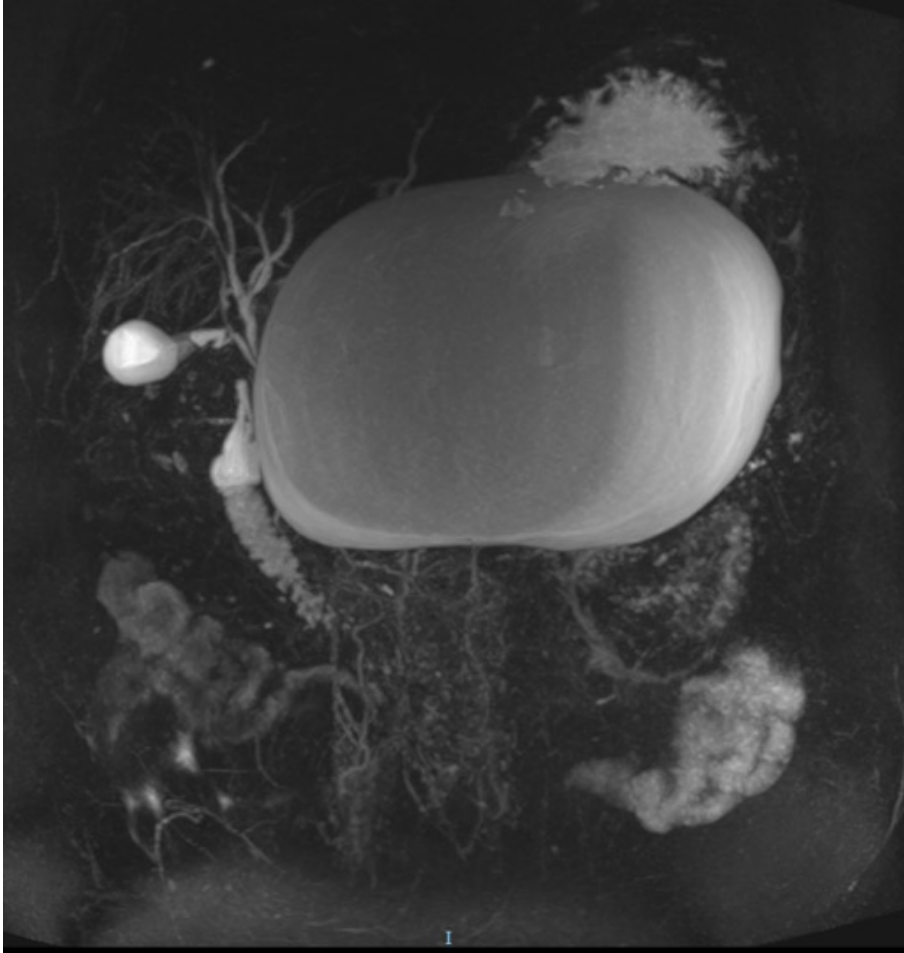


Fig. 1. MRCP showing a massive collection of 21 x 12 x 13 cm replacing the pancreatic body and tail. The main pancreatic duct is in continuity with the collection described above, suggestive of a DDS.

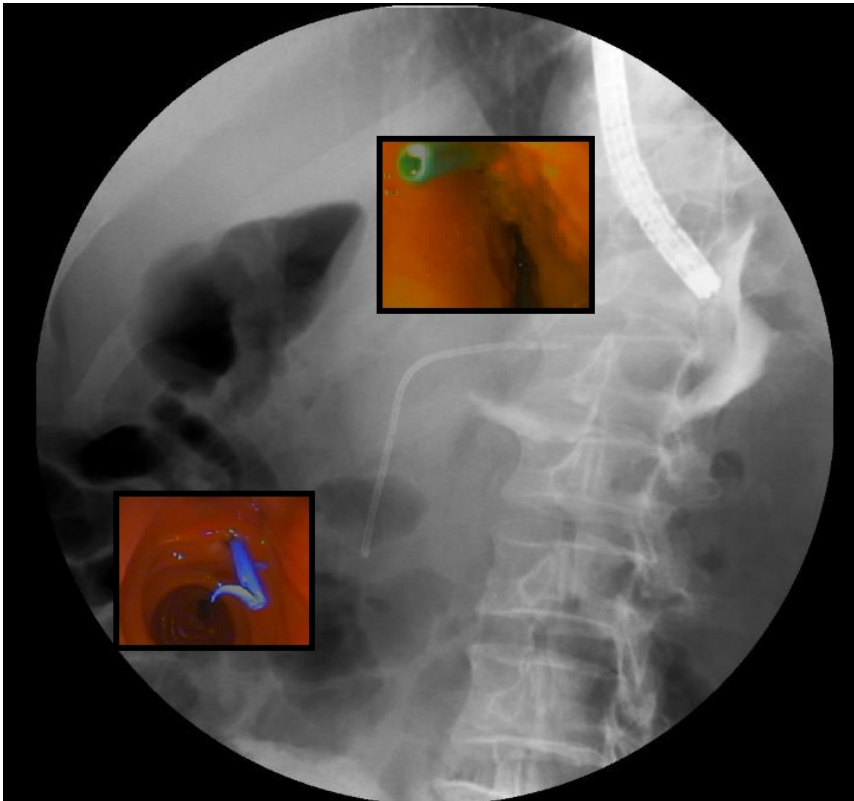


Fig. 2. Image from endoscopic retrograde cholangiopancreatography (ERCP) showing the drainage of contrast through a pancreatic fistula to the necrotic collection (DDS). It was possible to visualize the tip of the pancreatic stent placed by ERCP with an endoscope placed inside the collection.