Recanalizing and Stenting Through a Migrated Fully Covered Metal Stent: A Case Report

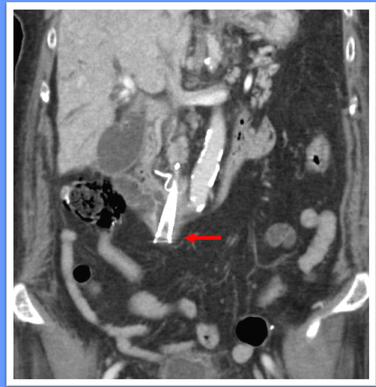
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BACKGROUND

- Duodenal perforation from occlusion and stent migration are known complications of biliary stenting
- The standard of care is surgical removal of stent, closure of perforation, and wide drainage in surgically fit patients

CASE PRESENTATION

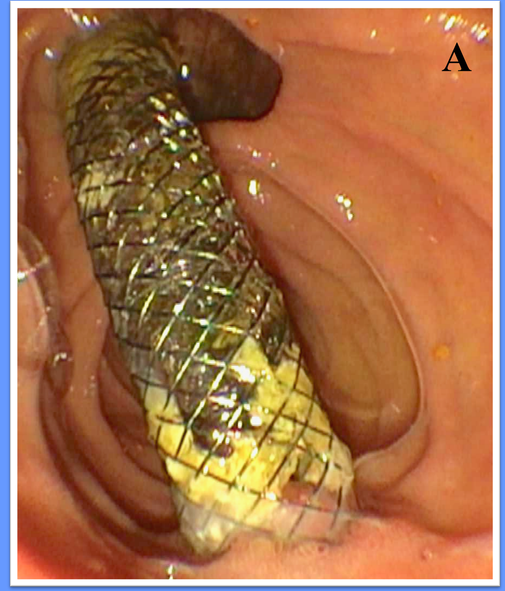
- 98-year-old female with multiple severe cardiac comorbidities was admitted for jaundice
- She had a history of previous ERCP, balloon decompression, and **10 mm x 6 cm** fully covered metal stent in the common bile duct (CBD) for the treatment of cholangitis five years prior

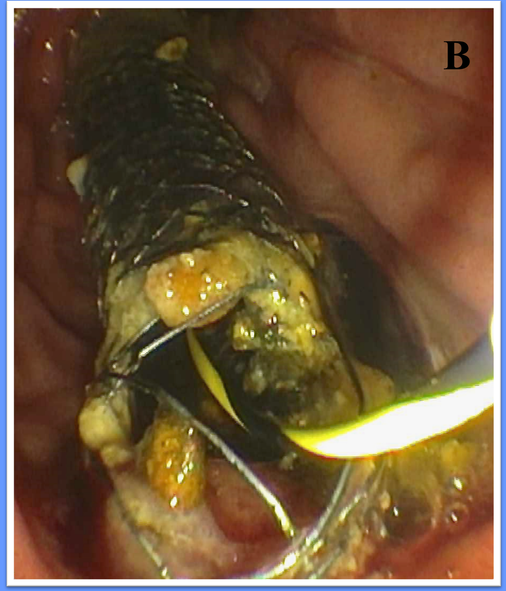


T. Bili	**13.0 mg/dL**
D. Bili	**7.9 mg/dL**
ALP	**426 U/L**

CT of the abdomen and pelvis showing biliary dilation and eroding biliary stent (red arrow)

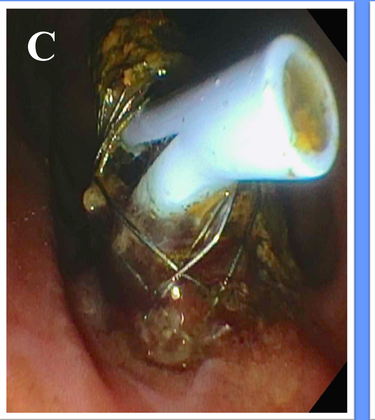
ENDOSCOPIC INTERVENTION

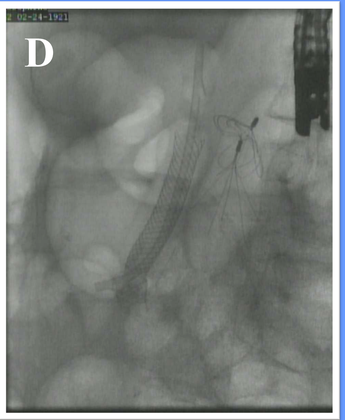




- Endoscopy showed migrated stent, partially eroding into duodenal wall. Retrieval was unsuccessful (A)
- Given the high risk of perforation with further attempts at retrieval, the stent was left in-situ
- An opening was fashioned with rat-toothed forceps at the uncovered portion of the stent
- The stent was cannulated with a sphincterotome and wire and a cholangiogram was taken showing multiple irregular filling defects (B)

- A 10 mm balloon was used to sweep the stent multiple times until a brisk flow of bile was obtained.
- A **10F x 7cm** plastic stent was placed within the metal stent (C)
- Fluoroscopic imaging and brisk flow of bile at the end of the procedure (D)





CONCLUSION

- This stent within a stent approach restored biliary flow with minimal physiologic insult
- The decrease in intraluminal pressure exerted on the opposing duodenal wall and minimizes the chance of future perforation