ERC post-duodenal EUS-related perforation: Keep calm, use over-the-scope clip and go on!

Over-the-scope clip (OTSC, Ovesco Endoscopy GmbH, Tübingen, Germany) is a useful tool, recommended as first-line endoscopic treatment for endoscopic acute iatrogenic perforation[1]. A retrospective study documented that it can avoid emergency surgical repair, allowing, in some cases, completion of the primary endoscopic procedure. As documented only once in literature, it could permit to execute subsequent endoscopic procedure in the same session, due to its endurance to pneumatic and mechanical stress[2].

Here we report the video-case of a 93-year-old woman referred to our unit to perform biliary-pancreatic EUS (GF-UCT 180; Olympus Co., Japan), because of suspected choledocolithiasis, in a context of acute cholangitis, unfit for surgery (cholecystectomy). After the detection of multiple bile stones in the common bile duct, duodenal perforation on the supero-anterior bulb wall occurred. Due to the size (about 15 mm), an OTSC (11/6 mm traumatic type) with suction technique was applied obtaining the complete seal of the defect[3]. Since under pressure injection of contrast medium showed no more leakage and patient’s stable clinical condition, endoscopic retrograde cholangiography (ERC) (TJF-160 VR; Olympus Co., Japan) with extraction of multiple bile stones was performed in the same session (video). All the procedures were performed with anesthesiological assistance, using CO2 insufflation. ERC took about 45 minutes to achieve complete biliary drainage. The subsequent contrast medium and computed tomography scan with oral gastrogaphin confirmed the complete closure, despite the long-lasting pneumatic and mechanical stress. No further complication occurred and the patient was discharged asymptomatic 1 week later.

In conclusion, prompt endoscopic treatment using OTSC represents an effective approach, that can avoid later complications or surgical repair. Furthermore, it can allow to complete endoscopic procedure/s in the same session, enduring both prolonged pneumatic and mechanical stress.

Biography:

Mauro Manno is Chief of the Digestive Endoscopy Unit of Azienda USL Modena (Italy). He completed and improved his training in digestive therapeutic endoscopy: at National Cancer Center Hospital (Tokyo, Japan), in particular in the field of chromoendoscopy and ESD; at Centre Hépato-Biliaire, Clinique Bachaumont (Paris, France), in particular in the field of EUS and ERCP; at Digestive Endoscopy Centre (Wiesbaden, Germany), in particular in the field of double-balloon enteroscopy. Endoscopic performances and numbers: 6000 EGDS, 7000 colonoscopies, 2000 therapeutic procedures (EMR, ESD, EFTR with FTRD System, dilation, deployment of clip, OTSC, Endosponge, 800 ERCP, 200 EUS, 300 stent (esophageal, biliary, enteral), 40 Zenker’s diverticulotomy, 150 single-balloon enteroscopy, 500 VCE, 500 emergency-endoscopic procedures. He has published 50 research articles, 5 book chapters in the field of hepatology and digestive endoscopy; he was speaker in about 50 national congress and 10 international meetings. He is member of the Italian Society of Digestive Endoscopy (SIED).

m.manno@ausl.mo.it