

Troubleshooting with a drill dilator for the stent-in-stent technique in malignant hilar biliary obstruction

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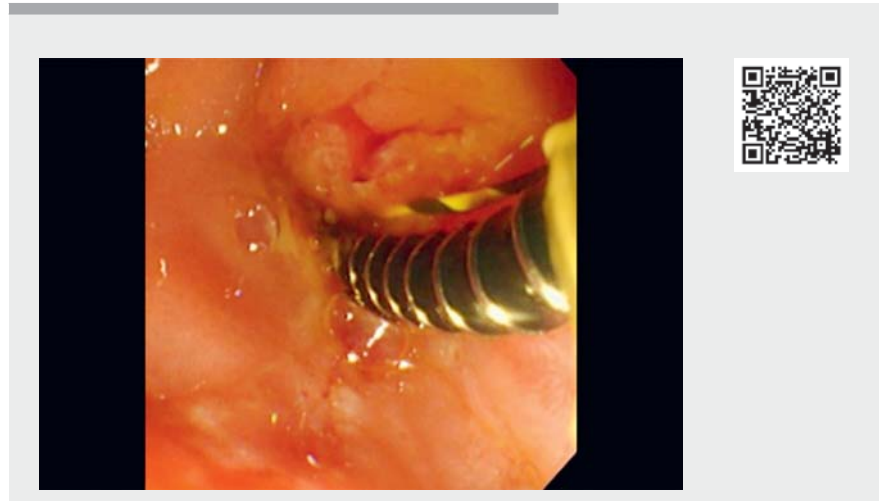


► **Fig. 1** Tornus ES is a drill dilator with hydrophilic coating and a tapered tip, which facilitate advancement through stiff stenoses.

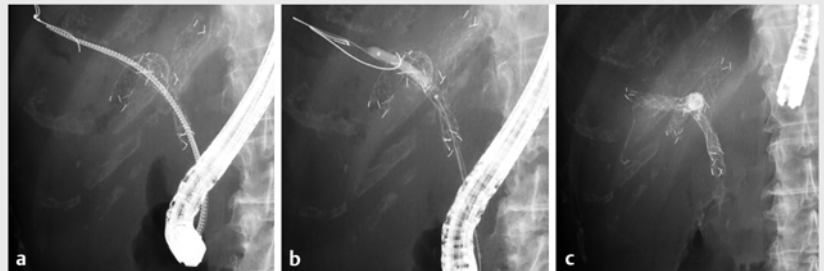
The stent-in-stent (SIS) technique is often used for endoscopic treatment of malignant hilar biliary obstruction and has a high success rate [1]. While the technique allows for placement of three or more stents, passing delivery systems through the mesh of a previously placed self-expandable metal stent (SEMS) can be difficult [1,2]. We report successful troubleshooting with Tornus ES, a drill dilator, during three-way SEMS placement (► **Fig. 1**).

A 71-year-old woman with hilar cholangiocarcinoma presented with fever and jaundice. She had three plastic inside stents placed in the left, right anterior, and right posterior bile ducts 3 weeks prior. Endoscopic retrograde cholangiopancreatography (ERCP) was performed to replace the inside stents with three nasobiliary tubes. After resolution of cholangitis, a second ERCP session was planned to implant three SEMSs using the SIS technique (► **Video 1**).

Uncovered SEMSs were first placed in the left and right posterior bile ducts. While a guidewire could be advanced through the mesh into the right anterior bile duct, an ERCP catheter, a balloon dilator, and a mechanical dilator all failed to pass through the mesh. Insertion of a nasobiliary tube also proved unsuccessful. We therefore decided to use the Tornus ES (Asahi Intec Co., Ltd., Aichi, Japan).



► **Video 1** Through-the-mesh dilation achieved with Tornus ES, a drill dilator, during three-way metallic stent placement using the stent-in-stent technique.



► **Fig. 2 a** Upon reaching the mesh, the assistant turned the drill dilator clockwise, which proceeded through the mesh with no resistance. **b** A balloon dilator could now pass through the mesh, and the mesh was successfully dilated. **c** The delivery system of the uncovered metal stent passed smoothly through the mesh, and three-way metal stent placement using the stent-in-stent technique was successfully completed.

The drill dilator advanced smoothly with clockwise rotation and was removed with similar ease using counterclockwise rotation (► **Fig. 2 a**). The balloon dilator could now pass through the mesh. After balloon dilation, an additional SEMS was successfully deployed into the right anterior bile duct (► **Fig. 2 b, c**).

Tornus ES was developed to dilate difficult strictures, and its use has been reported in pancreatic duct dilation and


in endoscopic ultrasound-guided interventions [3–5]. The spiral design allows for smooth dilation by a simple rotation of the hand grip. The drill dilator may be an attractive option for endoscopic interventions requiring through-the-mesh delivery.

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Competing Interest

The authors declare that they have no conflict of interest.

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