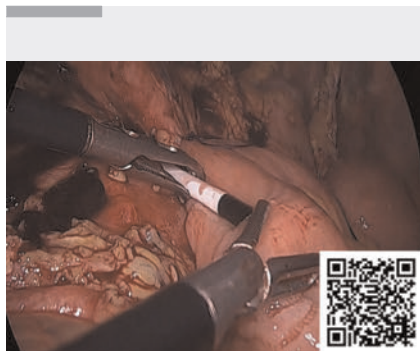
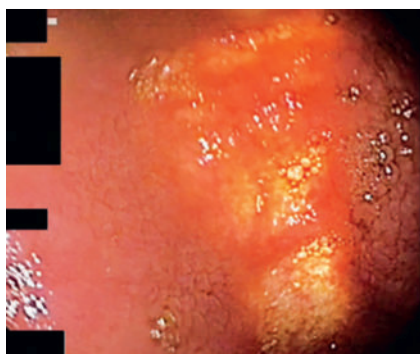


Combined endoscopic and laparoscopic anastomosis with lumen-apposing metal stent for treatment of obstructed gastrojejunal anastomotic malignancy

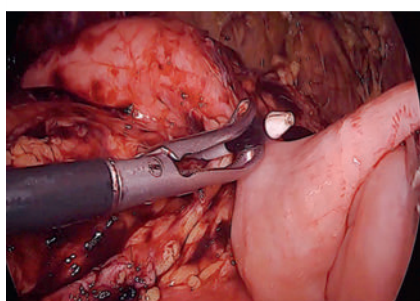
OPEN
ACCESS



▶ **Video 1** Treatment of obstructed gastrojejunal anastomosis with lumen-apposing metal stent under combined endoscopic and laparoscopic guidance.

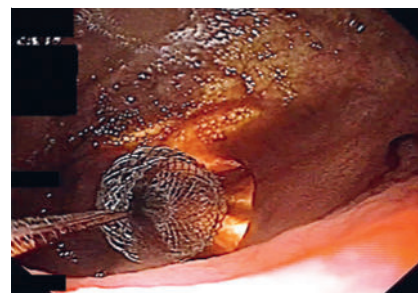


▶ **Fig. 1** Illumination of the gastric wall by the laparoscope is visualized with the gastroscope.

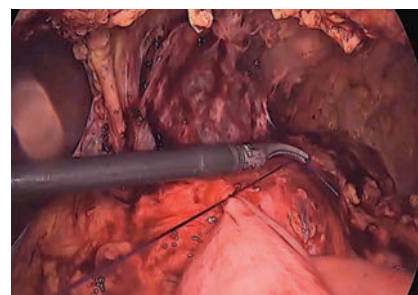


▶ **Fig. 2** After gastric wall puncture with electrocautery-enhanced lumen-apposing metal stent (LAMS), the delivery catheter is visualized with the laparoscope.

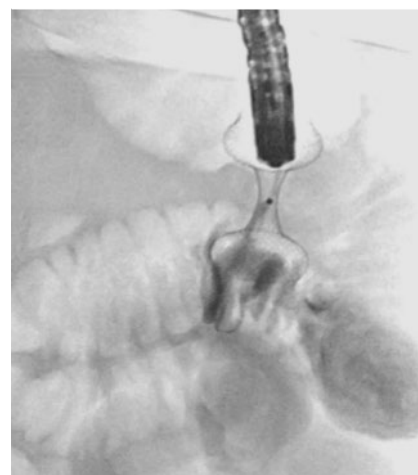
A 75-year-old man with diabetes mellitus, hypertension, ischemic heart disease, and a past history of gastrojejunostomy (40 years back) presented with vomiting and weight loss of 25 kg in 6 months. Gastroscopy showed a proliferative lesion at the anastomotic site with obstructive angulation blocking entry into the efferent loop. Even a guidewire for nasojejunal feeding could not be passed beyond the angulation. Biopsy confirmed moderately differentiated adenocarcinoma. Laboratory evaluation showed moderate anemia (Hb 8.5 g/dL) and hypoproteinemia (total protein 4.6 g/dL, albumin 2.3 g/dL), likely from nutritional deficiency. In view of the patient's poor nutritional status, our inability to place a catheter for EUS-guided gastrojejunostomy, and the high risk of surgery together with the anticipated duration of recovery, a multidisciplinary team opted for combined endoscopy and laparoscopy-guided gastrojejunostomy with a lumen-apposing metal stent (LAMS). During laparoscopy, the jejunal loop was closely approximated to the stomach with a single suture. Simultaneously, a therapeutic endoscope (GIF-ITQ160; Olympus, Tokyo, Japan) was advanced into the stomach. Gastric wall illumination from the laparoscope was visualized with the gastroscope and gastric wall puncture was guided to a point near the suture site (▶ **Fig. 1**). The gastric wall was punctured with an electrocautery-enhanced LAMS (20×10 mm Hot Axios; Boston Scientific Corp., Massachusetts, USA). Following puncture of the gastric wall, the delivery system was guided with the laparoscope and passed into the jejunal lumen with the cautery tip (▶ **Video 1**, ▶ **Fig. 2**). Following deployment of the distal flange, the proximal flange was deployed (after visualization of the black marker) under direct endoscopic view (▶ **Fig. 3**). With deployment



▶ **Fig. 3** The proximal flange of LAMS is deployed: endoscopic view.



▶ **Fig. 4** Placement of a suture for close approximation of the stomach and jejunum adjacent to the LAMS.



▶ **Fig. 5** Contrast medium is injected through the LAMS for fluoroscopic confirmation of the LAMS position.

of the LAMS, distension of the collapsed jejunum was immediately noted on laparoscopy. For additional safety, another suture was placed between the gastric and the jejunal wall next to the LAMS (► Fig. 4). Accurate placement of the LAMS was also confirmed fluoroscopically by injection of contrast through the LAMS (► Fig. 5). The patient was commenced on a liquid diet the following day and was discharged within 24 hours.

Endoscopy- and laparoscopy-guided gastrojejunal anastomosis with a LAMS is safe and feasible and can be considered in patients with altered anatomy and poor nutritional status.

Endoscopy_UCTN_Code_CPL_1AM_2AI

Conflict of Interest

The authors declare that they have no conflict of interest.

The authors

Chaiti Gandhi¹, Radhika Chavan¹, Maitrey Patel¹, Rushil Solanki¹, Milind Prajapati¹, Dushyant Bhatt², Sanjay Rajput¹

1 Ansh Clinic, Ahmedabad, India

2 Akshar Surgical Hospital, Ahmedabad, India

Corresponding author

Radhika Chavan, MD DNB

Ansh Clinic, A-1, Jaisinghbhai Park, near Divine Buds School, Hirabhai Tower Cross Rd, Uttam Nagar, Maninagar, Ahmedabad, Gujarat 380008, India
drradhikachavan@gmail.com

Bibliography

Endoscopy 2024; 56: E536–E537

DOI 10.1055/a-2335-6901

ISSN 0013-726X

© 2024. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited.

(<https://creativecommons.org/licenses/by/4.0/>)

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany



ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



E-Videos is an open access online section of the journal *Endoscopy*, reporting on interesting cases

and new techniques in gastroenterological endoscopy. All papers include a high-quality video and are published with a Creative Commons CC-BY license. Endoscopy E-Videos qualify for HINARI discounts and waivers and eligibility is automatically checked during the submission process. We grant 100% waivers to articles whose corresponding authors are based in Group A countries and 50% waivers to those who are based in Group B countries as classified by Research4Life (see: <https://www.research4life.org/access/eligibility/>).

This section has its own submission website at

<https://mc.manuscriptcentral.com/e-videos>