

Management of Endoscopic Impaction during Routine ERCP Using "the Gastric Grip"

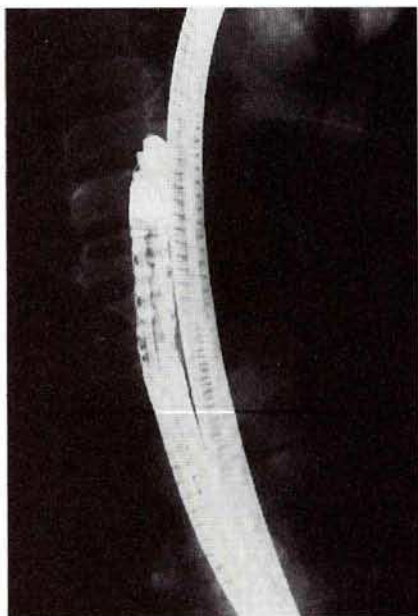


Figure 1:
The duodenoscope impacted in the lower part of the esophagus.

Instrument impaction is a rare situation during esophago-gastroduodenoscopy (EGD) and may eventually lead to visceral perforation. We present "the Gastric Grip", a disimpaction procedure which has not been described previously.

During a routine EGD, the investigator "lost his way", and the endoscope was suddenly fixed in its position. An X-ray showed the distal part of the endoscope to be impacted in the esophagus (Figure 1). The patient was provided with general anaesthesia and during relaxation the curvature of the endoscope was gripped percutaneously and the endoscope was retracted from the esophagus using "the Gastric Grip" handgrip (Figure 2). A hiatal hernia was later found to be the cause of the disorientation.

In the literature, several disimpaction procedures are suggested. Cotton and Williams (1) advocated advancing the instrument, but this was not possible in our case where advancing the endoscope only caused the tip to ascend further up in the esophagus, thus threatening to suffocate the patient. Application of another endoscope may push the distal end of the trapped instrument into the stomach lumen, hereby ending the impaction, as suggested by Döbrönte (2). The ultimate method of disimpaction is by means of laparotomy (3-5).

In conclusion, in cases of endoscope impaction "the Gastric Grip" may be tried as one of the means of disimpaction before laparotomy.

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References

1. Cotton PB, Williams CB: Practical Gastrointestinal Endoscopy. Blackwell Scientific Publications 3rd edition, London, 1990: 53.
2. Döbrönte Z, Barta M: Impacted Duodenoscope removed with the aid of a second Endoscope. *Endoscopy* 1989; 21: 195.
3. Barrett B: New instruments, new horizons, new hazards. The impaction injury. *Gastrointest. Endosc.* 1970; 16: 142.



Figure 2:
The Gastric Grip. In lean patients this external disimpaction procedure may be tried.

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5. *Braucher RE, Kirschner JB*: Case report: Impacted Fiberscope. *Gastrointest. Endosc.* 1965; 12: 20.