

Endoscopic removal of a migrated stent in the gallbladder



Fig. 1 Abdominal computed tomography (CT) image showing evidence of acute cholecystitis.



Fig. 2 The incorrectly positioned bilateral pig-tail plastic stent.

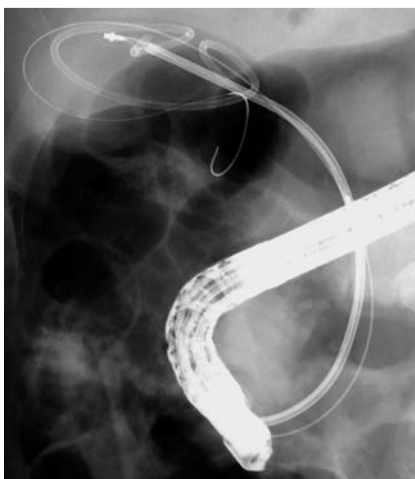


Fig. 3 Fluoroscopic view showing an unsuccessful attempt being made to retrieve the stent using a basket.

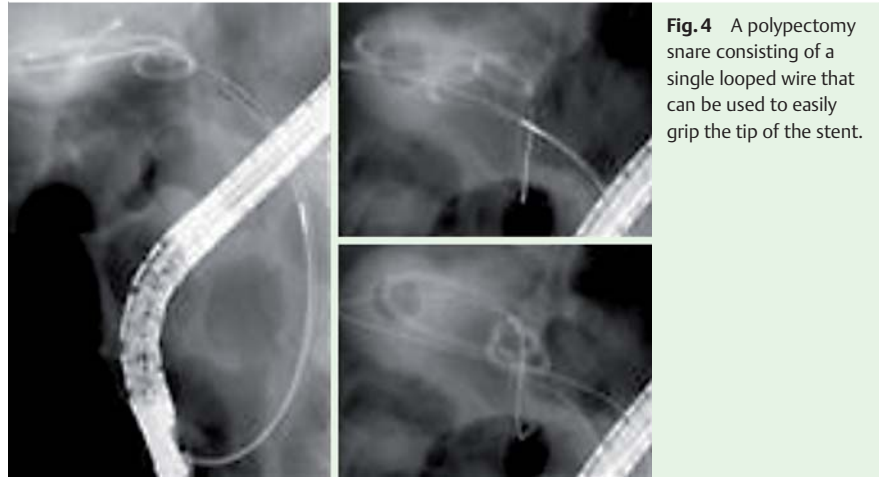


Fig. 4 A polypectomy snare consisting of a single looped wire that can be used to easily grip the tip of the stent.

An 84-year old man was admitted to our hospital with fever and abdominal pain. An abdominal computed tomography (CT) scan revealed evidence of acute cholecystitis (▶ Fig. 1). Percutaneous transhepatic gallbladder drainage was performed and his symptoms improved; however, cholecystectomy could not be performed because the patient's heart function was too poor.

To prevent him developing recurrent cholecystitis, we tried to perform endoscopic transpapillary gallbladder stenting [1–3], but owing to a crooked cystic duct, a bilateral pig-tail plastic stent (6Fr, 10 cm) was placed in an incorrect position (▶ Fig. 2). We initially tried to retrieve the migrated stent using several types of basket; however, all of these attempts failed (▶ Fig. 3). Finally, we tried to move the stent using a polypectomy snare, which consists of a single looped wire that can easily grip the tip of the stent (▶ Fig. 4). Using this snare, we succeeded in smoothly placing the stent in the correct position (▶ Fig. 5 and ▶ Fig. 6).

Stent migration into the gallbladder is a rare but important condition for endoscopists.

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Competing interests: None

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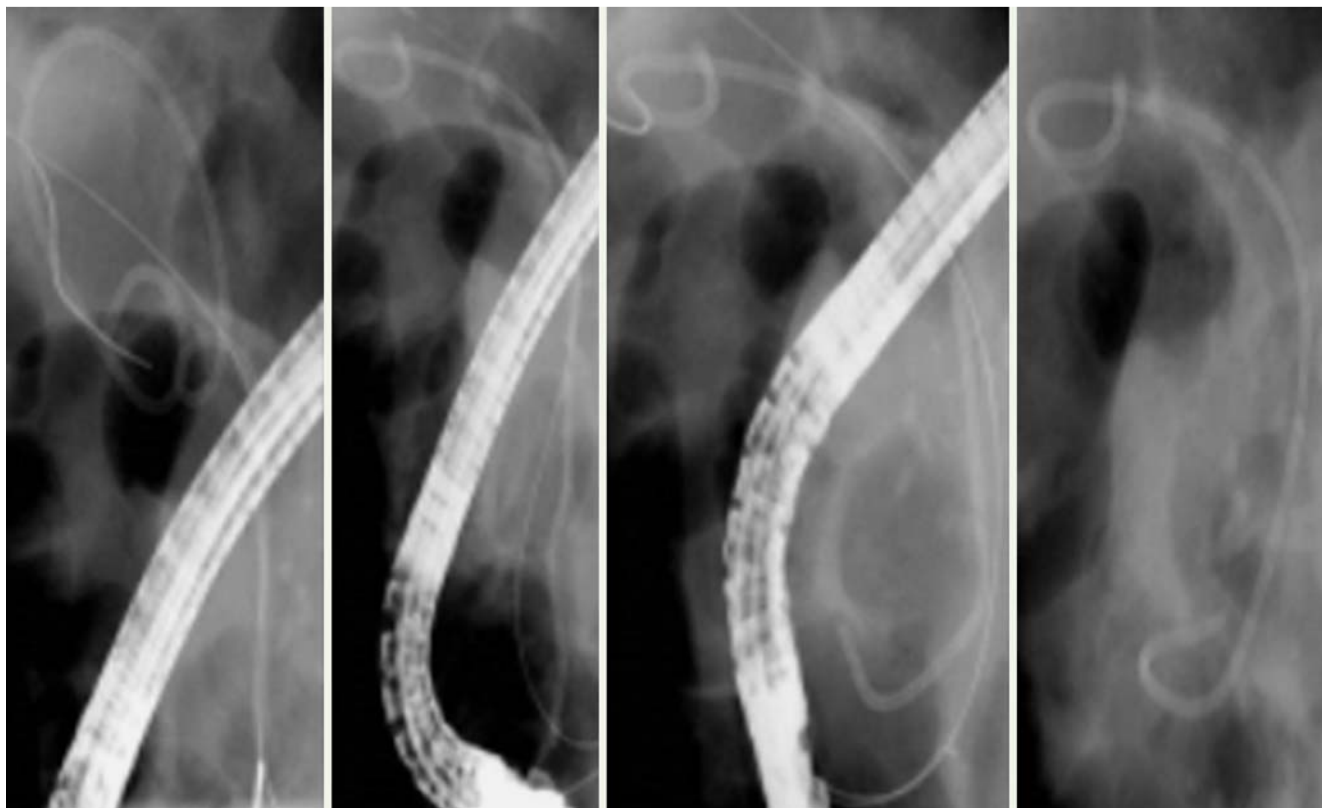


Fig. 5 Fluoroscopic views showing the stent being successfully moved into the correct position.



Fig. 6 Endoscopic view of the papilla of Vater and one end of the stent after it had been successfully repositioned.

Bibliography

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