



Figure 1 The common bile duct was cannulated and visualized by pushing the catheter through the mesh wall of the duodenal stent. A dilated bile duct above a distal high-grade stenosis 18 mm in length was seen. The sphincterotomy had been performed previously.

Endoscopic palliation of advanced pancreatic carcinomas with biliary and gastric outlet obstruction involves the placement of self-expanding metal stents (SEMS) within the biliary tree and the duodenum [1–5]. Biliary stenting following duodenal stenting across the papilla usually requires a percutaneous transhepatic approach [1,4,5]. We report a case in which a biliary SEMS was placed endoscopically through the mesh wall of a previously inserted duodenal SEMS.

A 64-year-old woman with an unresectable carcinoma of the pancreatic head was admitted because of progressive jaundice and gastric outlet obstruction. Some 2 months previously a plastic endoprosthesis had been placed into the common bile duct (CBD) after sphincterotomy at endoscopic retrograde cholangiopancreatography (ERCP). A repeat ERCP now revealed a 30 mm long high-grade stenosis of the second part of the duodenum, which could not be passed by the duodenoscope even after balloon dilation. The plastic endoprosthesis was removed by snare under fluoroscopic guidance and a SEMS was placed into the duodenal stenosis (Enteral Wallstent, uncoated, 22 mm, 60 mm; Microvasive Corporation, Natick, Massachusetts, USA). At 2 days later the duodenal SEMS had expanded, and at a further ERCP, cannulation of the CBD was possible and showed a high-grade stenosis (Figure 1). A loop of the mesh wall of the duodenal stent in the region of the papilla Vateri was enlarged by balloon dilation (8 mm) (Figure 2), and a biliary SEMS was successfully placed through this loop into the CBD (Biliary Wallstent, uncoated, 10 mm, 42 mm; Microvasive Corporation) (Figure 3). The jaundice disappeared and the patient was able to eat soft food.

This case report shows that endoscopic positioning of a biliary SEMS can be successful even after placement of a duodenal one, if sphincterotomy has been performed previously. However, passage of the biliary stent through the side meshes



Figure 2 The stenosis of the common bile duct and one loop of the mesh wall of the duodenal stent, in the region of the papilla Vateri, were expanded by balloon dilation. The balloon was pushed through the mesh wall of the duodenal stent.



Figure 3 Radiological view after successful placement of the biliary self-expanding metal stent through the mesh wall of the duodenal stent.

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of a SEMS can be difficult and may not work in all cases; and it is therefore not a standard procedure.

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