

STENT DISPLACEMENT IN ENDOSCOPIC PANCREATIC PSEUDOCYST DRAINAGE – A RARE COMPLICATION AND AN UNUSUAL ENDOSCOPY MANAGEMENT

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INTRODUCTION

The reported case represents a **rare complication of the endoscopic pancreatic pseudocyst drainage - the intracystic stent migration** and an uncommon endoscopic technique used for the management of this complication. According to previous reports, **almost all the complications of endoscopic pancreatic pseudocyst drainage have been managed surgically. Although, with this report, the authors propose an alternative endoscopic method to solve intracystic stent migration, avoiding surgery.**

CLINICAL PRESENTATION

50-year-old male

Past medical history: acute alcoholic pancreatitis two years ago

Referred to our department: endoscopic drainage of the **symptomatic** (abdominal pain) **pancreatic pseudocyst** (Fig. 1). Transgastric puncture of the pseudocyst was performed with a 19-gauge FNA needle, under EUS guidance. Afterwards, a **fully covered double-flanged metal stent (40x14 mm)** was deployed across the tract under endoscopic, EUS, and fluoroscopic guidance. The deployment was **complicated by complete intracystic migration of the stent**. We decided to place a **fully covered biliary metal stent (60x10 mm)** in attempt to save the performed cystogastrostomy and retrieve the migrated stent later. The patient was discharged asymptomatic.

One week later the patient was admitted to our **department with fever and upper abdominal pain**. Abdominal CT scan showed **complete migration of the two stents into the pseudocyst cavity (12x6 cm)** (Fig. 2). Under endoscopic, EUS, and fluoroscopic guidance, we placed another **fully covered double-flanged metal stent (40x14 mm)** through the patent cystogastrostomy (Fig. 3). The two intracystic migrated stents were then removed through the last stent using a foreign body forceps. Effective drainage of the pseudocyst was observed and the patient became asymptomatic

One month later, after an abdominal CT scan showing **complete resolution of the pseudocyst** (Fig. 4), the **stent was removed endoscopically** (Fig. 5).



Figure 1. Abdominal CT scan showing a well-defined cystic lesion with 16x8 cm of diameter in the tail of the pancreas



Figure 2. Abdominal CT scan in axial view image showing complete migration of the first two stents into the pseudocyst cavity.

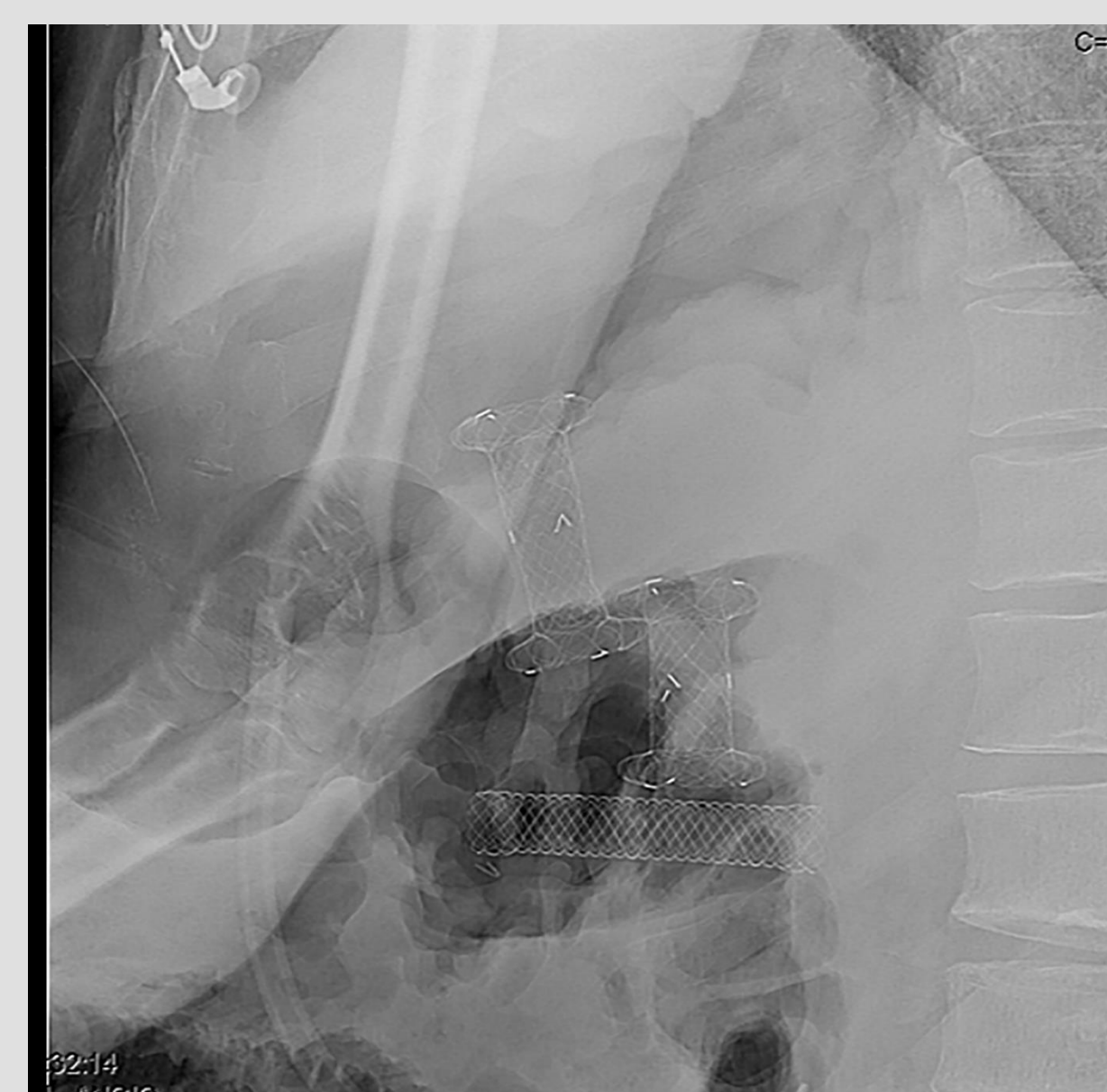


Figure 3. Fluoroscopic image showing the third stent through the cystogastrostomy and the first two stents in the pseudocyst cavity.



Figure 5. Endoscopy image showing collapsed peri-gastric cavity consistent with complete resolution of the pseudocyst.

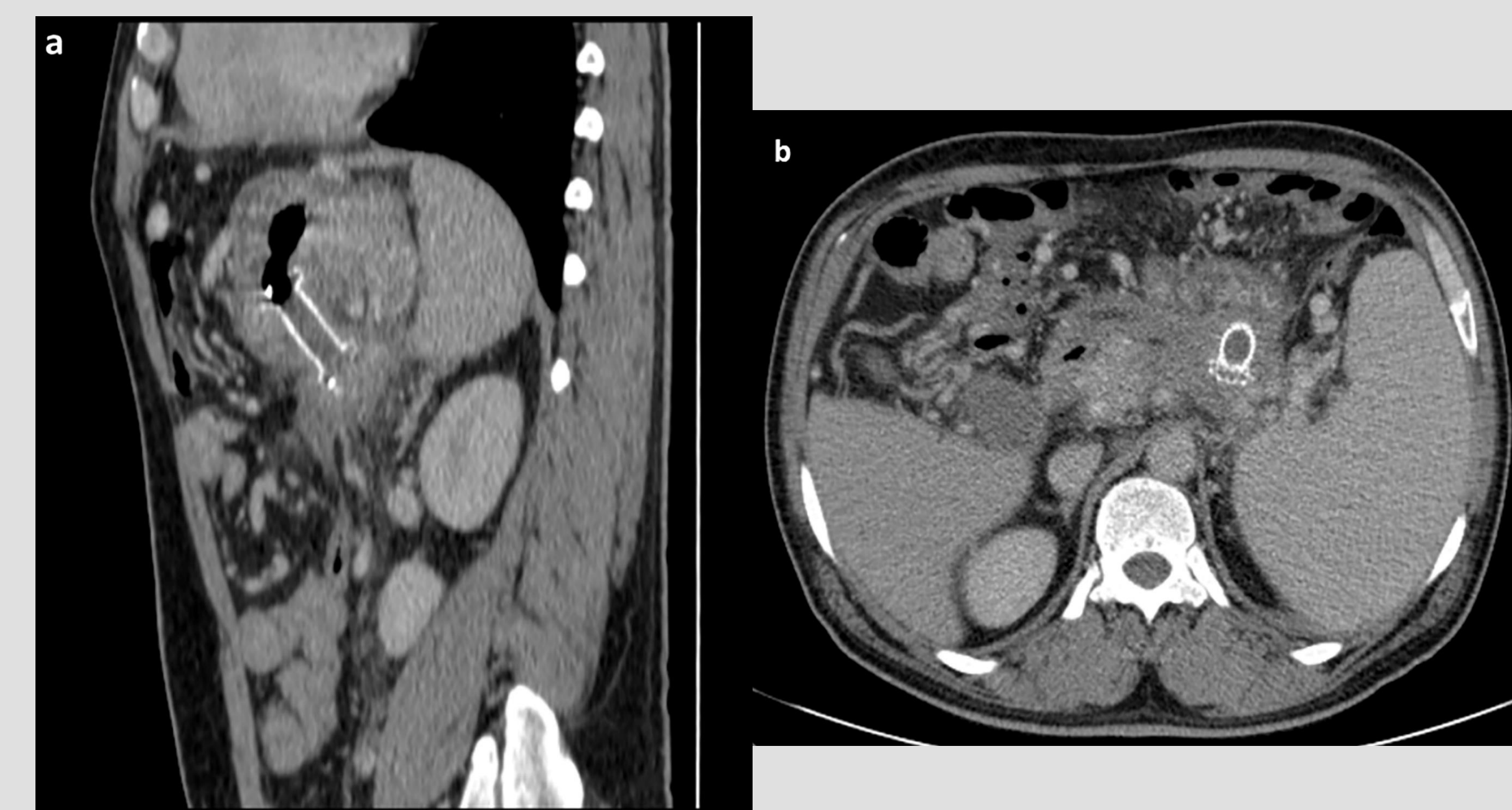


Figure 4. Abdominal CT scan, in coronal view (a), showing a correctly positioned fully covered double-flanged metal stent and, in axial view (b), showing complete resolution of the pancreatic pseudocyst

DISCUSSION/CONCLUSION

Intracystic stent migration is a rare (<1%) complication of endoscopic drainage and seems to be more frequent in transgastric drainage of pseudocysts of the pancreatic tail due to variable luminal compression during the creation of cystogastrostomy.

We propose an alternative endoscopic method to solve intracystic stent migration, avoiding surgery.

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