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Natural orifice transluminal endoscopic surgery to salvage a migrated stent during EUS-guided hepaticogastrostomy

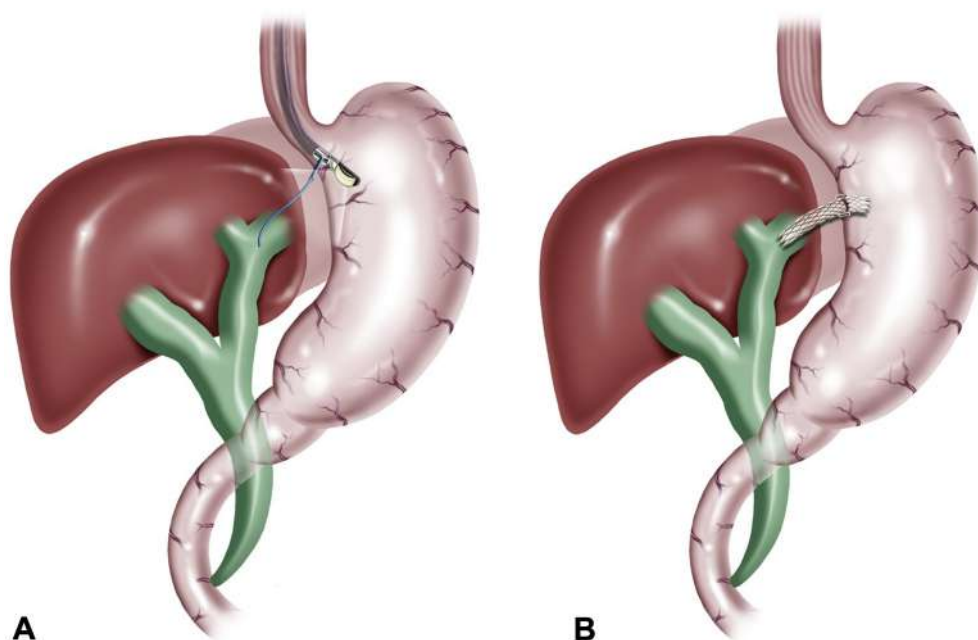


Figure 1. **A,** Transgastric access with guidewire. **B,** Hepaticogastrostomy with metal stent.

EUS-guided hepaticogastrostomy is an alternative for unsuccessful ERCP biliary drainage. However, misplaced stent deployment is usually treated by surgical intervention. We present a case of hepaticogastrostomy with inadvertent migration to the peritoneal cavity occurring during stent deployment that was successfully treated by natural orifice transluminal endoscopic surgery (NOTES) to reposition it inside the stomach. This procedure avoided a major surgical intervention. During deployment of a self-expandable metallic stent on EUS-guided hepaticogastrostomy drainage, an inadvertent migration of the stent occurred through the gastric wall. In this situation, NOTES was discussed with the surgical team to save the procedure. The transgastric tunnel was created with a needle-knife. Using the same place used for the prior puncture, we created a mucosal tunnel to serve as a siphon and to diminish the risk of stent migration, followed by guidewire passage to the peritoneal cavity. CRE balloon dilation was performed up to 16 mm, and the stent was grasped with a rat-tooth forceps in the peritoneal cavity and brought

to the stomach. To fix the stent, clips were placed (Fig. 1; Video 1, available online at www.giejournal.org). The patient was given antibiotics for 7 days, with no fever and with a better clinical status.

DISCLOSURE

All authors disclosed no financial relationships relevant to this publication.

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<http://dx.doi.org/10.1016/j.gie.2015.09.005>