



ORIGINAL RESEARCH PAPER

Gastroenterology

EUS –HEPATICOGASTROSTOMY FOR DIFFICULT BILIARY DRAINAGE

KEY WORDS:

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ABSTRACT

Endoscopic Ultrasound Guided Hepaticogastrostomy Is A Novel And Safe Procedure For Biliary System Drainage,especially For Those Cases Where Biliary Access Could Not Be Achieved By Routine Ercp.we Present Two Cases Of Eus-hg,done For Biliary Drainage.

INTRODUCTION

Eus Guided Hepaticogastrostomy(eus-hg) Is A Novel Technique For Biliary Drainage For Patients In Whom Ercp Could Not Be Done[1-3]

We Present Two Cases Of Malignant Biliary Obstruction That Are Drained By Eus Guided Hepaticogastrostomy As A Palliative Procedure

Case1

A 57 Year Old Female Patient,a Known Case Of Ca Stomach With History Of Subtotal Gastrectomy With Gastrojejunostomy, presented With Fever,pain Abdomen And Jaundice.patient Is Diagnosed To Have Obstructive Jaundice With Cholangitis And A Hilar Mass On Transabdominal Usg.cect Showed A Hilar Mass In Porta Hepatis And Skeletal Metastasis In The Lumbar Spine. So,patient Is Planned For Biliary Drainage.but As The Patient Has Altered Anatomy She Was Posted For Eus Guided Hepaticogastrostomy.procedure Went Uneventful And Post Procedure Patient Improved Symptomatically And Discharged After 2 Days.

Case 2

A 70 Year Old Male Patient Presented With Yellowish Discolouration Of Eyes And Urine For 1 Month Associated With Clay Coloured Stools.imaging Showed A Distended Gall Bladder With An Echogenic Mass In Neck Of Gall Bladder Extending Into Cystic Duct And Cbd With Splenic And Peritoneal Metastasis.patient Is Posted For Ercp As A Palliative Procedure To Relieve Cbd Obstruction.but Cbd Could Not Be Cannulated Due To External Compression Of Antrum And Duodenum By The Distended Gall Bladder. So Patient Is Planned For Eus Guided Hepaticogastrostomy.procedure Went Uneventful And Post Procedure Jaundice Came Down And Patient Was Discharged.

PROCEDURE

Linear Echoendoscope(olympus Cv190 Series) Is Used In Both Cases.a 19'g Echotip Ultra Needle Is Used To Gain Access Into The Left Sided Biliary System From The Stomach.the Puncture Site Is Chosen Carefully To Avoid The Injury To The Neighbouring Vessels And The Left Main Duct Near Its Bifurcatiion Is The Preferred Site.after Puncturing,the Access Is Confirmed By Bile Aspiration And By Fluoroscopy,after Contrast Instillation. A 0.035 Inch Guide Wire Is Used To Enter Into The Biliary System Towards Hilum. Post Entry, A 8fr Cystotome Is Used To Dilate The Tract Under Fluoroscopic Guidance.after Gaining The Full Access Into The Biliary Tract ,a Stent Delivery System [partially Covered Metal Stent (8mmx10cms, Giobor) Stent] Is Pushed Over The Guidewire Into The Biliary System With Its Distal End In The Stomach. A 7frx10cms Double Pigtail Plastic Stent Is Placed Inside The Metal Stent To Prevent The Migration Of The Metal Stent.

On The First Post Interventional Day, Stent Position Is Checked

Using Transabdominal Ultrasound And Fluoroscopy.patient Did Well And Was Discharged After Days Without Complications.

Eus-hg Has Matured Over The Past Few Years And Is Now A Days Replacing The Ptbd In The Palliation Of Malignant Obstructive Jaundice After Failed Ercp [4-7] Because Ptbd Has A Number Of Innate Complications. [8, 9]

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