

EGIS Biliary Case Report – Dr Hans-Ulrich Laasch, Christie Hospital, Manchester

Transhepatic Insertion of biliary Egis Stent (Double Bare)

A 65 year old patient with a history of gastric carcinoma presented with obstructive jaundice. The patient previously had a Billroth 2 resection with gastrojejunostomy. CT showed compression of the lower bile duct by a 4cm nodal mass.

A right sided PTC was performed. Injection of contrast through a percutaneous catheter demonstrates a long occlusion of the distal common bile duct with marked dilatation of the proximal biliary tree and a normal distal CBD (Fig. 1a & b).

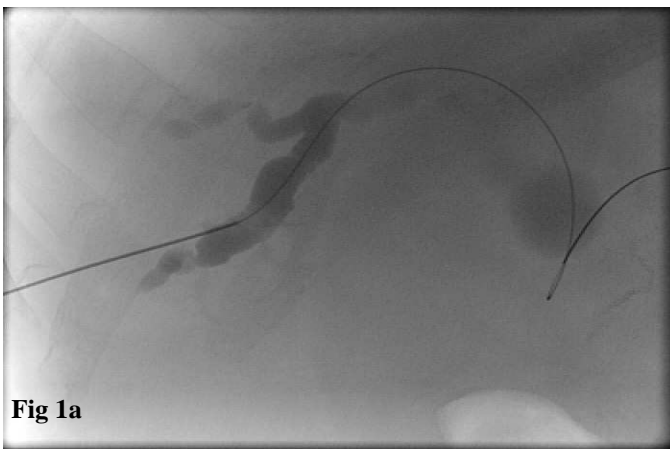


Fig 1a

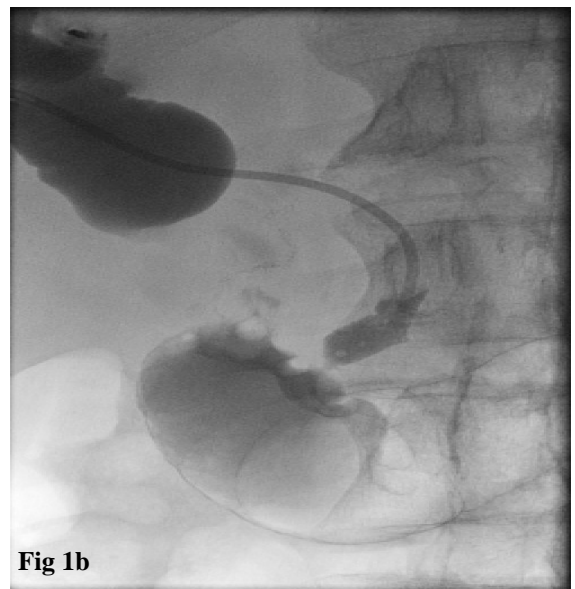


Fig 1b

A 10 x 100 mm double bare Egis stent was deployed within the lower end of the duodenum (Fig. 2a & b). Immediate expansion was approximately 25% across the stricture (arrow) with further constraint visible across the sphincter of Oddi (arrowhead). Note the blind ending upper duodenum.

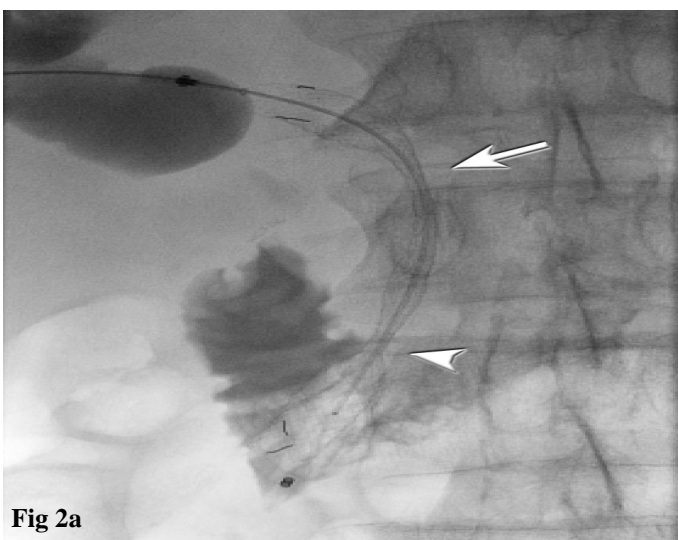


Fig 2a

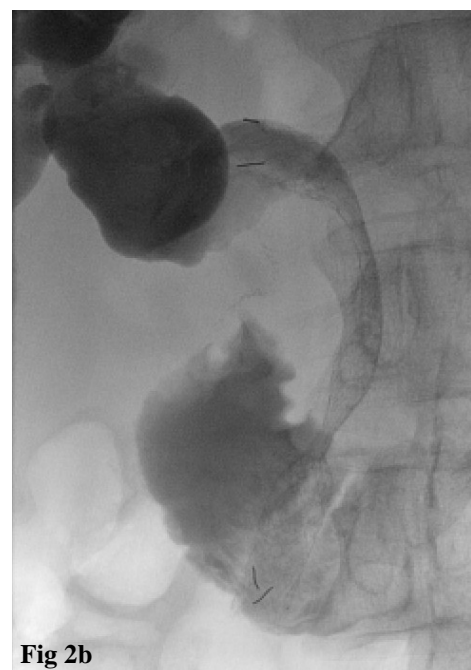


Fig 2b

Balloon dilatation was not performed, an external catheter was placed. Check cholangiography after 24 hours shows further expansion of the stent to 5-6mm at the level of the stenosis, equivalent to 16 - 18 Fr. drain size and free drainage of contrast (Fig. 3a & b). The external drain was removed.



After 48 hours the initial bilirubin of $500\mu\text{mol/l}$ had reduced to $297\mu\text{mol/l}$ with resolution of pruritus. The patient was discharged to a hospice and did not require any further intervention.

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