Endoscopic Restoration of a Dehiscent Pancreatojejunostomy after Pancreatoduodenectomy

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Restauração endoscópica da pancreatojejunal anastomose deiscente após pancreateoduodenectomia

Palavras Chave
Fístula pancreática pós-operatória · Intervenção endoscópica · Anastomose pancreaticojejunal

Postoperative pancreatic fistula is a potentially life-threatening complication after pancreateoduodenectomy [1]. Disruption of the pancreaticojejunal anastomosis after pancreateoduodenectomy is reported to occur in as many as 15% of cases, and treatment of the dehiscent pancreaticojejunal anastomosis is through relaparotomy or catheter drainage [2]. Although a few recent reports have described the successful endoscopic ultrasonound-guided internalization of external pancreatic fistula [3, 4], there has been no report to date of restoration of a dehiscent pancreaticojejunal anastomosis. Here, we report a case of endoscopic restoration of a dehiscent pancreaticojejunal anastomosis after pancreateoduodenectomy.

A 72-year-old man, who underwent pancreateoduodenectomy 2 months earlier for cholangiocarcinoma, was referred for treatment of an intractable external pancreatic fistula resulting from pancreaticojejunal dehiscence. Fistulogram through a remaining surgical drainage tube demonstrated a pancreaticocutaneous fistula connecting to the pancreatic duct (Fig. 1). Endoscopic treatment with a short-type single-balloon enteroscope (SIF-H290S; Olympus, Tokyo, Japan), which has a 1,520-mm working length and a 3.2-mm working channel, was...
then undertaken to recanalize the dehiscent pancreatojejunostomy. A transparent cap was attached to the tip of the scope to facilitate insertion of the endoscope and cannulation through the anastomosis. After identification of the pancreatojejunal anastomosis, a 0.025-in guidewire (VisiGlide 2; Olympus Medical Systems, Tokyo, Japan) was manipulated through the dehiscent anastomosis into the pancreatic duct, and a 7-Fr, 5-cm straight stent with proximal and distal flaps (Flexima; Boston Scientific Japan, Tokyo, Japan) was placed across the dehiscent anastomosis for internal drainage (Fig. 2; online suppl. Video 1, see www.karger.com/doi/10.1159/000516946 for all online suppl. material). The surgical drainage tube was removed 2 days after the endoscopic treatment, and the patient was discharged without further complications; on a follow-up CT performed 2 months after the endoscopic treatment, complete resolution of the pancreatic fistula with spontaneous dislodgement of the pancreatic stent was confirmed.

**Statement of Ethics**

Patient consent was obtained for publication of this report, including the images.

**Conflict of Interest Statement**

The authors have no conflict of interests to declare.

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References


