

Placing a Pancreatic Plastic Stent to Drain the Pancreatic Duct



Mankanwal Singh Sachdev, M.D

Medical Director Endoscopy, St. Joseph's Hospital Phoenix

Arizona Center for Digestive Health

Assistant Professor of Medicine
Creighton University

Phoenix, Arizona

technique spotlight

Patient History

A 55-year-old female with long standing bouts of recurrent acute pancreatitis presented with pain consistent with another flair. It was suspected that these symptoms were due to pancreatic divisum, which was diagnosed on outside ERCP and MRCP. The patient previously tried conservative measures, only to experience recurrent symptoms. Therefore ERCP with minor duct cannulation and potential sphincterotomy was recommended. Previous ERCP established a complete divisum.

Procedure

An ERCP was performed and a cholangiogram was performed (Figure 1). The minor papilla was then located with minimal difficulty. Using the pure wire-guided method, cannulation was achieved using a 0.035" Jagwire™ High Performance Guidewire. Once the wire was placed, a pancreatogram was performed (Figure 2), which revealed a dilated major pancreatic duct and a normal sized accessory duct. A sphincterotomy was performed and then a 5Fr 5cm single pigtail, Advanix™ Pancreatic Stent (without a flange) was successfully placed across the minor papilla. The deployment catheter was well visualized and allowed for accurate placement using the radiopaque marker (Figures 3 and 4).

Post Procedure

The patient experienced some initial discomfort, and then returned for a follow-up one month later. At that point all symptoms had resolved and she felt well. The stent had spontaneously migrated.

Discussion

This case demonstrates that Advanix Pancreatic Stents are effective in the drainage of the pancreatic duct. The stent migrated after adequate therapy time.

