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Image of the Month

Endoscopic ultrasound-guided rendezvous technique using an intrahepatic bile duct approach with a "push endoscopic position"

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Endoscopic ultrasound-guided rendezvous technique (EUS-RV) has recently been developed as rescue drainage for unsuccessful ERCP [1–3]. Three major approaches have been described: an intrahepatic bile duct (IHBD) approach with a straight endoscopic position and extrahepatic bile duct approaches with either push or pull endoscopic positions [1,2]. Here, we describe a novel IHBD approach with a push endoscopic position.

A 78-year-old male with jaundice due to hilar cholangiocarcinoma was referred to our hospital. Under ERCP guidance, the right lobe was successfully drained, but the left IHBD could not be selected. Because the patient's cholangitis persisted, EUS-RV via the IHBD with a straight endoscopic position was attempted; however, it could only be visualized via the esophagus. As the transesophageal approach has a risk of mediastinitis [4], an alternative approach was sought. Abdominal CT showed the antrum and left IHBD were in close proximity to each other (Fig. 1a). The left IHBD could be well visualized from the antrum on EUS (Fig. 1b). It was punctured using a 22-gauge needle and a 0.018-in. guidewire was passed through the stricture into the duodenum (Fig. 2). The EUS-placed guidewire was grasped with a biopsy forceps, and a 7-Fr plastic stent was successfully deployed (Video 1 in Supplementary material).

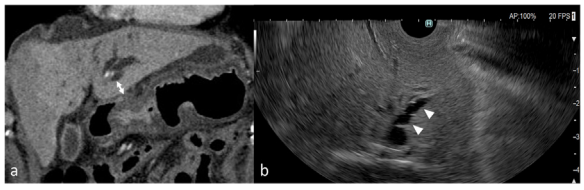

Fig. 1. a. Abdominal computed tomography showed that the antrum and dilated left intrahepatic bile duct were in close proximity to each other. b. Using a push endoscopic position, the dilated left intrahepatic bile duct of B3 could be well visualized from the antrum.

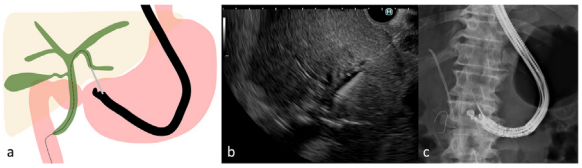

Fig. 2. Endoscopic ultrasound-guided rendezvous technique using a left intrahepatic bile duct approach with a push endoscopic position. The dilated B3 was punctured using a 22-gauge needle and a 0.018-in. guidewire was passed through the stricture at the hilum into the duodenum (a. schematic image; b. endoscopic ultrasonographic view; c. fluoroscopic view).

When conventional EUS-RV approaches seem to be challenging, switching to an IHBD approach with a push endoscopic position may be a rescue option.

Conflicts of interest

None declared.

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:https://doi.org/10.1016/j.dld.2019.06.011.

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