

Late migration of a metal stent after EUS-drainage of a pancreatic pseudocyst abscess

Key words: Drainage. Endoscopic ultrasound. Self-expanding metal stent. Migration.

Dear Editor,

Endoscopic ultrasound (EUS)-guided drainage of pancreatic collections has replaced surgery as the first line of treatment due to its accuracy and safety profile (1,2). A higher success rate and fewer adverse events have been observed using fully covered metal stents for drainage (3,4). However, complications of EUS-guided drainage can occur in 1-18% of cases, the most frequent being acute bleeding, perforation, post-procedure infection and stent migration (5).

Case report

A 61-year-old female patient with a history of hypertension and obesity was admitted due to acute biliary pancreatitis. Abdominal computed tomography (CT) on admission

showed necrosis greater than 75% and peripancreatic collections. The evolution was torpid, with an abscess collection in the tail of the pancreas. An EUS-guided drainage was performed and a fully covered lumen-apposing metal stent (Hanarosten®; 12 mm diameter/4 cm length) was deployed with a 10F plastic double pigtail (Cook Medical®, Baeswiler; Germany) inserted alongside.

Another 10F plastic double pigtail was inserted during another endoscopic session 19 days later (Fig. 1A). The patient underwent a progressive clinical, analytical and radiological improvement and was eventually discharged. Eight weeks later, an abdominal magnetic resonance imaging (MRI) showed complete resolution of the collection. Gastroscopy was performed to remove the stents, without visualizing them. An abdominal CT showed that the stents had lodged in the descending colon lumen, producing an increase in the pericolic fat (Fig. 1B), without signs of perforation. A colonoscopy with a pneumatic dilation up to 13.5 mm was required for their successful removal.

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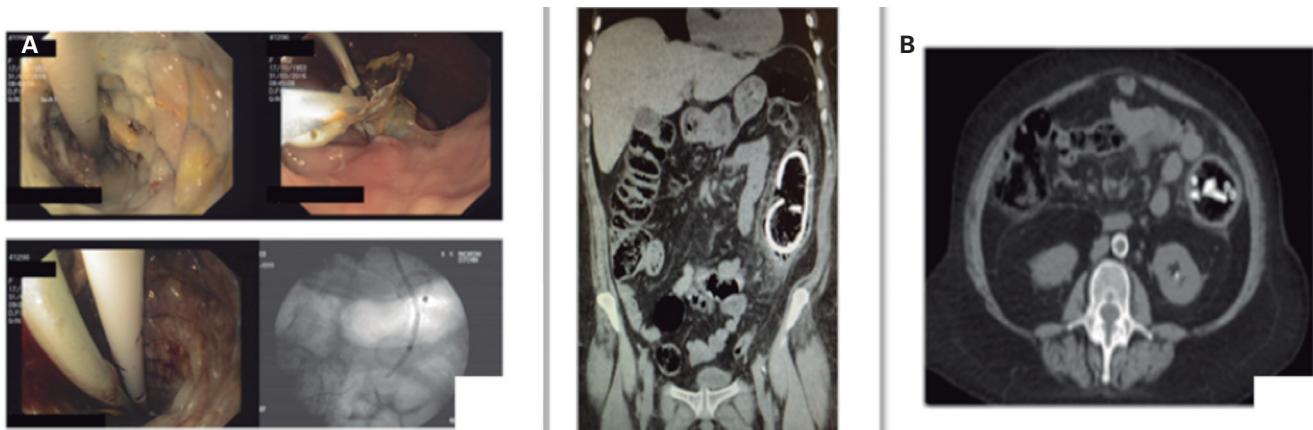


Fig. 1. A. EUS-guided drainage of the pancreatic collection. B. Abdominal CT showing the migrated stents in the descending colon.

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