Endoscopic Snapshot

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Challenging Lumen-Apposing Metal Stent Removal after Successful Drainage of a Pancreatic Pseudocyst

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Keywords
Complications · Pancreas · Pseudocyst drainage

Remoção desafiante de prótese metálica de aposição luminal após drenagem com sucesso de pseudoquisto pancreático

Palavras Chave
Complicações · Pâncreas · Drenagem de pseudoquisto

A 45-year-old man with a symptomatic 14-cm-sized pancreatic body pseudocyst following alcohol-induced acute pancreatitis 19 months earlier was treated with placement of a lumen-apposing metal stent. The stent (Hot Axios, Boston Scientific Corporation, Marlborough, MA, USA) had a length of 1 cm and a diameter of 10 mm and was inserted under endosonographic guidance. The patient experienced immediate relief of symptoms and imaging studies confirmed the complete resolution of the pseudocyst. Endoscopy 11 weeks later revealed epithelial overgrowth of its gastric flange (Fig. 1), though the stent was visible within the gastrocystic fistula (Fig. 2). Stent removal by means of a rat-tooth forceps was performed, but necessitated significant maneuvering in order the gastric flange to be released. No procedure-related complications were encountered. Thus, the recommended 8-week period for lumen-apposing stent removal should not be significantly exceeded, to prevent a "buried stent" syndrome secondary to epithelial overgrowth at its gastric end [1–3].

Disclosure Statement

All authors confirm that there is no conflict regarding this publication.

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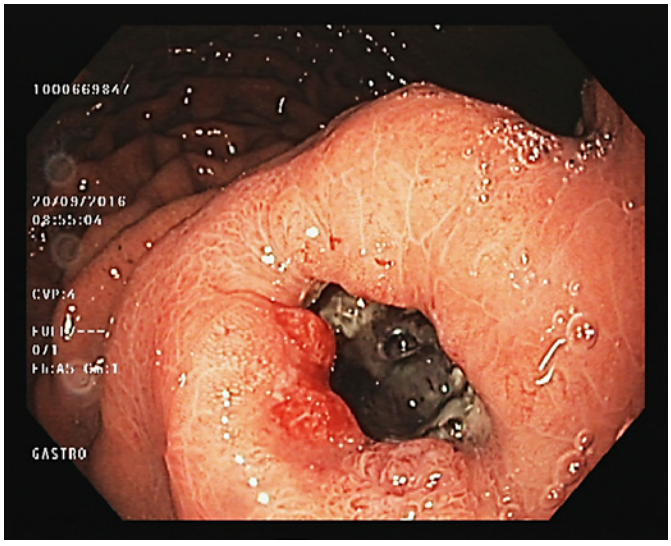


Fig. 1. Epithelialized stent prior to removal.

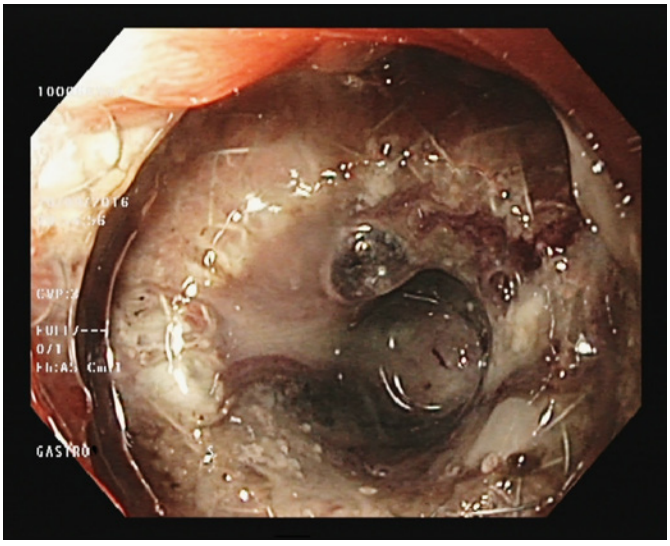


Fig. 2. Stent dislocated into the gastrocystic fistula.

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