

Two Cases of Removal of IHD Stones by EUS-Guided Hepaticogastrostomy after Failed ERCP

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Background/Aims: After failed removal of intrahepatic bile duct (IHD) stones by endoscopic retrograde cholangiopancreatography (ERCP), percutaneous lithotripsy is well-known effective procedure, but is time-consuming because multiple sessions of transhepatic tract dilatation are required. The approach to IHD by endoscopic ultrasound (EUS)-guided hepaticogastrostomy (HGS) could be performed for removal of IHD stones. The aim of the study is to evaluate the efficacy, safety and economic burden such as hospital stay of EUS-guided HGS.

Methods: From 2020 until April 2021, two patients with IHD stones underwent the above procedure were prospectively enrolled. We performed EUS-guided HGS with 10mm metal stent initially, exchange for large-caliber (16mm) stent with dilatation 3-4 days later and removal of IHD stones by basket, Roth net, retrieval balloon 3-4 days later.

Results: Much amount of stones was removed in two patients. The serious complications including bleeding, infection, perforation was not noted in two patients, but a patient developed massive bleeding, which was controlled by embolization (Figure 1, upper panel). The range of duration of hospital stay from EUS-guided procedure to discharge was 9-14 days and no further procedure was required in the three patients until now.

Conclusion: The removal of IHD stones by EUS-guided HGS could replace the percutaneous procedure after failed ERCP.

Keywords: Intrahepatic bile duct stone; Endoscopic ultrasound; Hepaticogastrostomy

