

WallFlex™ Biliary Fully Covered RX Stent System RMV

Successful Biliary Drainage in a Benign Common Bile Duct Stricture Due to Chronic Pancreatitis

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technique spotlight

Patient History

A 50-year-old male presented with jaundice. He had a long history of alcohol intake abuse. He also suffered from insulin dependent diabetes. An MRCP (Figure 1) showed a stricture in the lower common bile duct (CBD) probably related with gross findings of chronic pancreatitis (CP). In fact, diffuse pancreatic atrophy was seen. Besides dilation in the main pancreatic duct, increased collateral venous circulation in the splenic vein was also observed. Surgical options were ruled out and ERCP biliary drainage was deemed the most appropriate choice.

Procedure

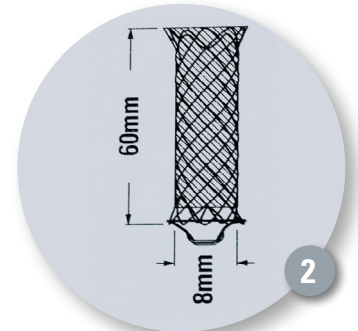
A CBD deep cannulation ERCP showed a similar CBD stricture that was previously reported on MRCP. A medium sized biliary sphincterotomy was performed and a 6cm long, 8mm wide WallFlex™ Biliary RX Fully Covered Stent was inserted (Figure 2). This diameter was chosen because a lower cystic duct insertion was also reported in the MRCP. The duodenal end of the stent was placed enough outside from the papillary orifice to allow an easy endoscopic extraction at a later ERCP procedure (Figure 3).

Post Procedure

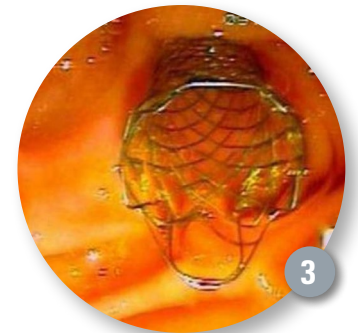
No complications occurred after ERCP. On a radiograph taken the next day (Figure 4) the stent had fully expanded. The patient was scheduled for follow-up but did not attend appointments. Nine months after stent insertion he was admitted due to diabetes-related problems. A consultation was made by the endocrinologist in charge with the Digestive Department. The patient's liver biochemistry was normal and obstructive cholestatic pattern had completely subsided. Stent removal was accomplished during the ERCP by grasping the removal loop at



MRCP showing a CBD stricture due to CP



Biliary WallFlex Fully Covered Stent

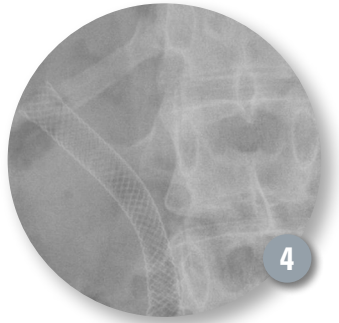


Duodenal end of the stent after insertion in ERCP

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Radiograph taken at the next day after insertion. The stent had fully expanded.

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the end of the stent (Figure 2). No clear signs of the former stricture were seen on cholangiography but due to poor patient compliance with follow-up schedules, a plastic 7Fr double pigtail stent was inserted.

Discussion

The WallFlex Biliary RX Fully Covered Stent provided successful biliary drainage in this benign CBD stricture due to CP. Furthermore the stent could be removed nine months after insertion with no signs of remaining stricture on the cholangiography. Poor compliance with follow-up schedules is common in some patients suffering from this condition. It reinforces the need for patients to undergo as few procedures as possible.

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

Use of the WallFlex Biliary RX Stent for the treatment of benign strictures has not been cleared by the US FDA. Check with your local sales representative for more information and availability. Information for the use only in countries with applicable health authority product registrations.

Indications, Contraindications, Warnings and Instructions for use can be found in the product labeling supplied with each device.

Warning: The safety and effectiveness of this device for use in the vascular system has not been established.

CAUTION: The law restricts these devices to sale by or on the order of a physician.

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