

Case Presentation

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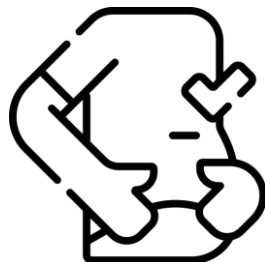


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The Case

A 69 year old woman presents with months of fatigue, early satiety and vague abdominal discomfort



Past Medical History

Duodenal Adenoma
Status post Whipple in 2017

Previous attempted
endoscopic Rendezvous
procedure

GERD

Physical Exam

Jaundice

Tachycardia

Right biliary drain in place

Significant Labs

Total Bilirubin - 2.3

Ten days prior - 406

Alkaline Phosphatase - 268

Ten days prior - 406

White Blood Cells - 10.2

Neutrophils - 71.3%

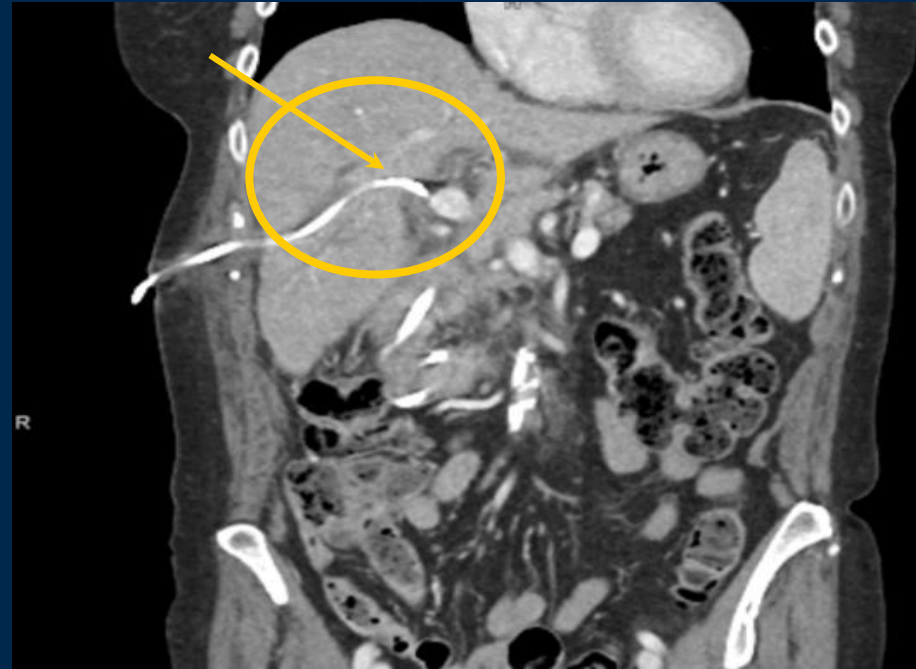
Differential Diagnosis & Evaluation

Gastrointestinal malignancy	CT Abdomen Pelvis Endoscopic US Lymph Node Biopsy
Cholledocholithiasis / Cholangitis	CT Abdomen Pelvis MRCP
Duodenal obstruction / Post Whipple Changes	CT Abdomen Pelvis

Imaging & Evaluation

3/11/23

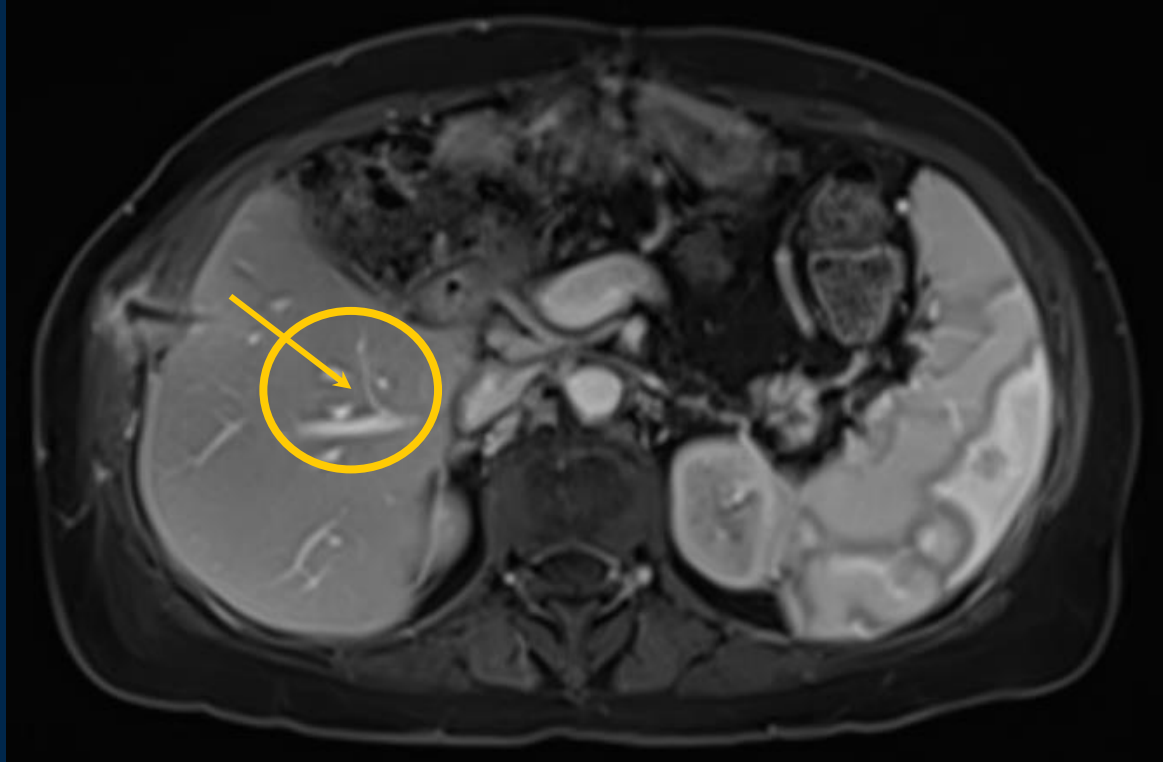
CT Abdomen Pelvis



Imaging & Evaluation

3/13/23

MR MRCP



Alas, the Diagnosis...

Gastrointestinal malignancy

Cholelithiasis at distal right
and left hepatic duct +
Cholangitis of right ductal system

**Duodenal obstruction /
Post Whipple Changes**



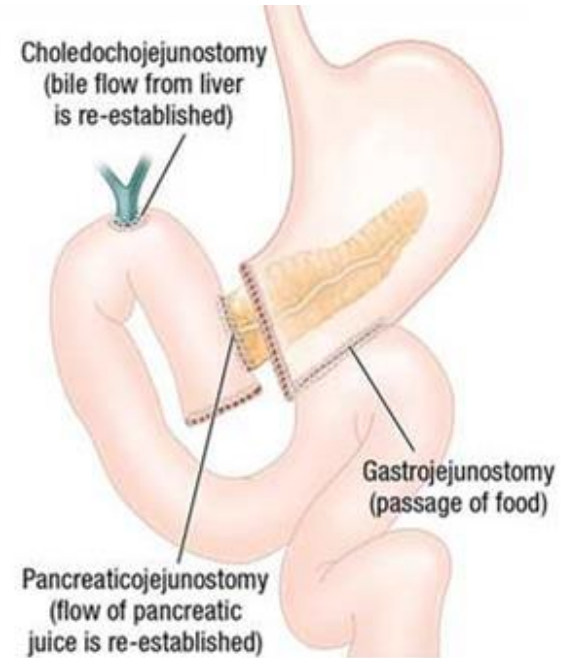
Anatomy and Interventions

ERCP with stone extraction **not viable** given Whipple anatomy

Unable to fully cannulate via Rendezvous procedure

Long term bilateral PTC has impact on quality of life

Biliary endoscopy with stone removal ★



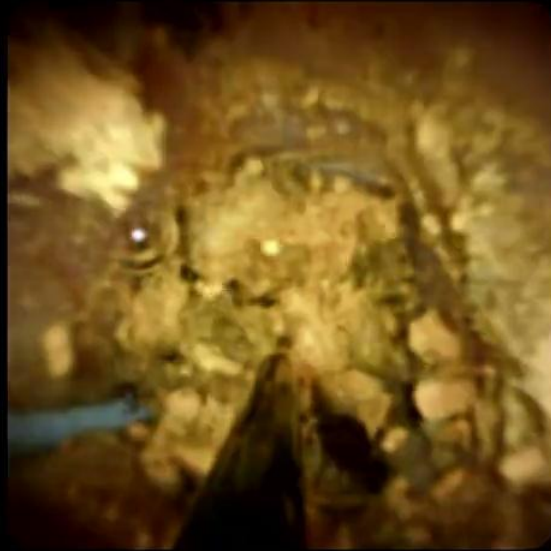
Stone Visualization

Boston
Scientific



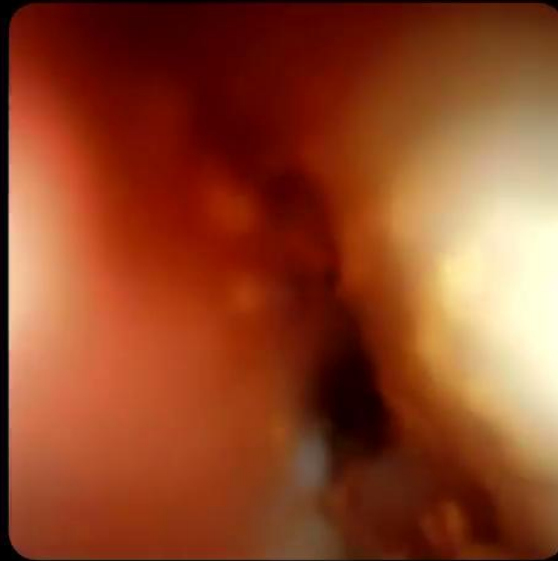
Lithotripsy

Boston
Scientific



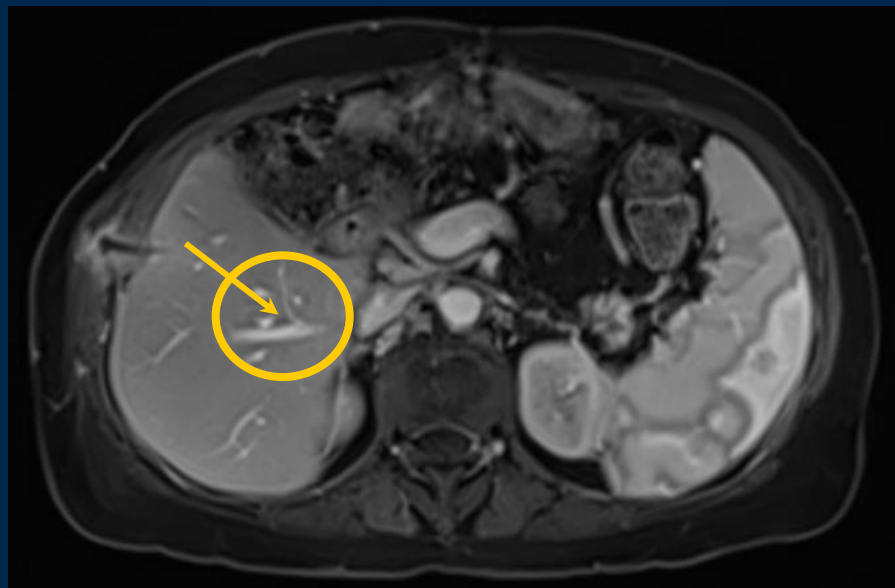
Final Pullback with Adherent Debris

Boston
Scientific



MR ABDOMEN

Before



POD #90



Patient Outcomes at 3 months



Increased energy without abdominal pain, fevers, chills, jaundice



Tracts took longer to heal than she expected but biliary drains removed with follow up imaging



Liver enzymes trending towards baseline with resolution of biliary obstructions

Discussion



Intervene in complex anatomy

For patients who have had a Whipple procedure, traditional approaches with rendezvous procedure are not anatomically feasible for biliary access



Increase in quality of life

The implications of biliary drains have a significantly negative impact on patient quality of life and necessitate increased burden for the patient and or caregivers



Widely applicable diagnostic and therapeutic management

With improved visualization and technology, providers can offer patients more options for individuals with strictures, difficult stones, and impaction

Questions?

Thank You!



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References

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Oh HC, Lee SK, Lee TY, Kwon S, Lee SS, Seo DW, Kim MH. Analysis of percutaneous transhepatic cholangioscopy-related complications and the risk factors for those complications. *Endoscopy.* 2007 Aug;39(8):731-6. doi: 10.1055/s-2007-966577.

Draganov P. The SpyGlass® Direct Visualization System for Cholangioscopy. *Gastroenterol Hepatol (N Y).* 2008 Jul;4(7):469-70.

<https://www.moffitt.org/cancers/pancreatic-cancer/treatment/surgery/whipple-procedure/>