EUS-guided drainage for pancreatic walled-off necrosis by use of a novel large-diameter metal stent

Figure 1. **A**, Novel fully covered self-expandable metal stent. **B**, Huge pancreatic walled-off necrosis is seen. **C**, The fistula is dilated using balloon catheter. **D**, Stent placement is successfully performed. **E**, Necrosectomy is performed.

Recently, a novel fully covered self-expandable metal stent (FCSEMS) has become available (Niti-S Cover Stent; TaeWoong Medical, Seoul, South Korea) (Fig. 1A). The stent is delivered constrained through a 10.5F catheter. The diameter of the flange at both ends is 24 mm to obtain anchoring. The diameter of the body is 18 mm, and the length of the stent is 4 cm. Compared with the lumen-apposing metal stent, this novel stent has a larger diameter, and stent placement is easily performed without a special technique (Video 1, available online at www.VideoGIE.org).

A 48-year-old man was admitted to our hospital for treatment of a huge pancreatic walled-off necrosis (WON), which was seen around the pancreatic head to

tail (10 cm) (Fig. 1B). The WON was punctured with a 19G FNA needle (Sono Tip Pro Control 19G; Medi-Globe GmbH; Medico's Hirata Inc, Osaka, Japan), and infected fluid was aspirated.

After the contrast medium was injected and a 0.025-inch guidewire (angle type, VisiGlide; Olympus Medical Systems, Tokyo, Japan) was coiled within the WON, the fistula was dilated by use of a 6-mm balloon catheter (REN, biliary dilation catheter, Kaneka Co, Inc, Osaka, Japan) (Fig. 1C). After this procedure, stent placement was performed (Fig. 1D), with care being taken to stabilize the endoscope until the stent was deployed up to 1 cm inside the endoscope to prevent stent migration. In addition, stent placement was completely performed under endoscopic view.

Written transcript of the video audio is available online at www.VideoGIE.org.

In comparison with the lumen-apposing metal stent, stent migration may easily occur. Therefore, a pigtail plastic stent was placed. After 2 days we performed necrosectomy. Because of the large diameter, we could easily insert the endoscope into the WON without any dilation of the fistula. Necrosectomy was performed with a forceps biopsy device (Fig. 1E). No adverse events occurred. Necrosectomies were performed in 4 sessions, and after these procedures (2 weeks), we removed this stent with a pulling technique. Although the diameter of this stent was large, removing it was not difficult.

Special training is not needed to perform stent placement. This novel stent may be an option for performing EUS-guided drainage.

DISCLOSURE

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