Endoscopic ultrasound-guided choledocho-duodenostomy in advanced pancreatic cancer with duodenal obstruction.

Pancreatobiliar, Servicio de Gastroenterología, Hospital El Cruce, Florencio Varela, Buenos Aires, Argentina. E-mail: josemmella@hotmail.com.

Abstract
Endoscopic retrograde cholangiopancreatography (ERCP) is considered the first-approach for biliary drainage. In cases of ERCP failure, patients are usually referred for percutaneous transhepatic biliary drainage or surgical biliary bypass. In the last decade, the indications of endoscopic ultrasound (EUS) in the management of patients with pancreatic cancer have increased, and numerous cases of EUS-guided biliary drainage have been reported in patients with failures during the ERCP. Our goal is to report a patient with locally advanced pancreatic cancer who presented with painless jaundice and cholestasis with biliary and duodenal obstruction. A EUS-guided choledochoduodenostomy was performed by placement of a self-expanding metal stent.

KEYWORDS:
cholestasis; endoscopic ultrasound; endoscopic ultrasound-guided fine needle aspiration; interventional ultrasound; pancreatic neoplasms