Abstract

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Biliary derivation by endoscopic ultrasound from gastric body in a patient with subtotal gastrectomy by gastric cancer

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We present a biliary derivation from the gastric body in a patient with subtotal gastrectomy and anastomosis type Billroth I. The patient had a tumor obstruction of distal coledoco.

The patient was with ictericia and the examinations indicated obstructive patron.

A gastric transluminal derivation is made to common hepatic.

Steps are as given below:
1. Endosonography that locates the tumor obstruction of the coledoco shows the dilated hepatic conduct;
2. Doppler signals are made that discharge vessels in the puncture route;
3. The punction was made in gastric body with...
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endosonographic window direct to the dilated common hepatic conduct. The puncton is performed with Boston Scientific 19-gauge needle;
4. Bile was aspirated and contrast was injected to delineate the anatomy;
5. We pass a hydrophilic guide of W. Cook 0.035 mm and after introduce a cystotomy of 6 Fr;
6. Dilated the track is passed an autoexpandible stent covered of 60/10 mm.

Patient evolves satisfactorily.

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