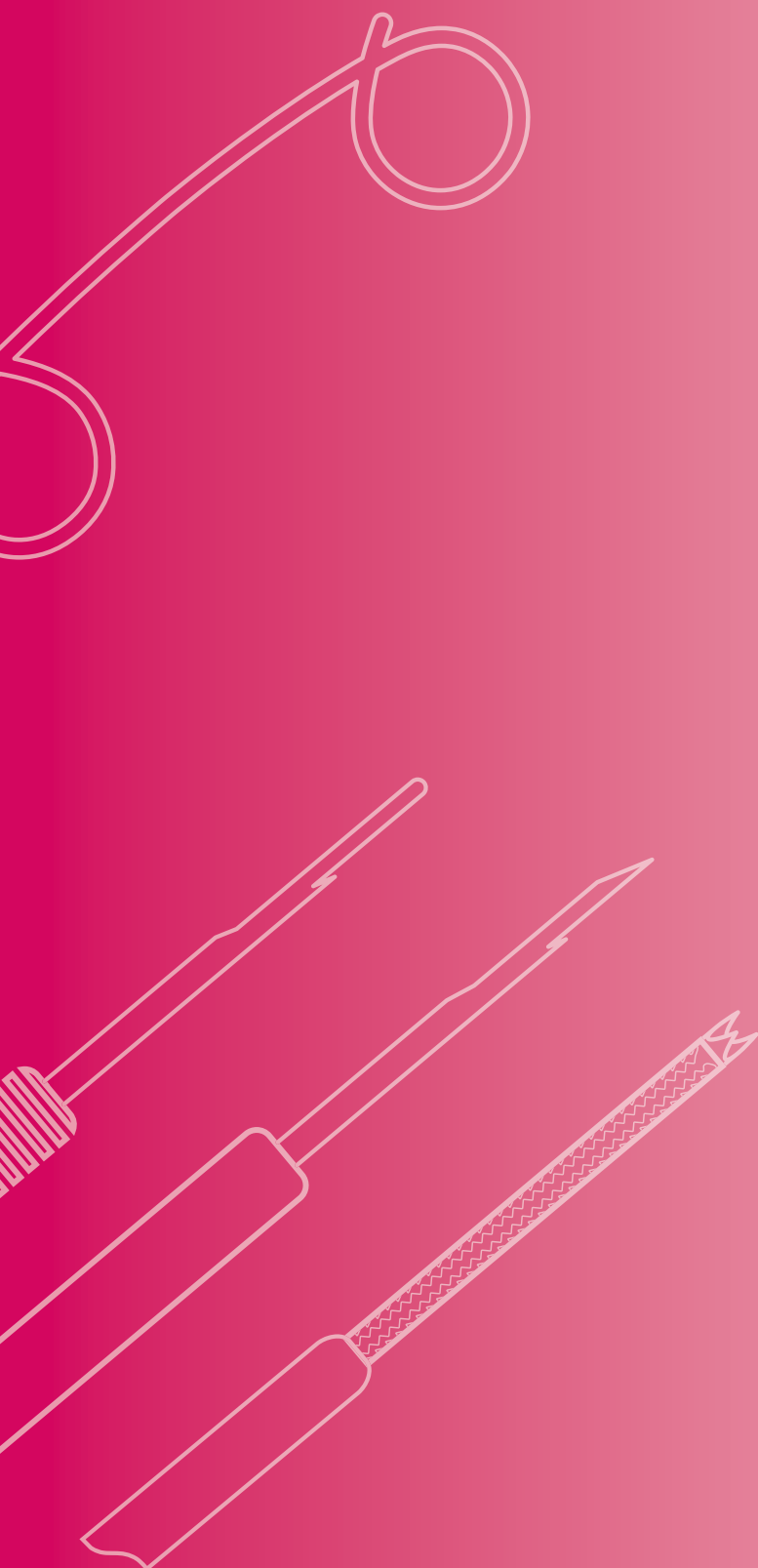


Introduction:

Double pigtail stents for pseudocyst drainage produced by MEDI-GLOBE are the only available stents on the market with black markers endoscopically visible on the outside surface of the stent (one at the level of the distal pigtail, one of the central portion and the other one of the proximal pigtail). These features allow for proper stent placement in case of pancreatic fluid collection even when lots of fluids come out from the collection obscuring the endoscopic view and in many other cases of drainage, even without fluoroscopic guidance. Different clinical situations in which double pigtail stents appear useful are presented in the three cases inside.



Medi-Globe GmbH

Medi-Globe-Straße 1–5
83101 Rohrdorf
Germany
Tel.: +49 (0) 8032 - 973 - 379
Fax: +49 (0) 8032 - 973 - 392
Email: sales@medi-globe.de
www.medi-globe.de

Medi-Globe GmbH is a company of the Medi-Globe Group. For indications, contraindications, warnings and precautions, please refer to the product instructions for use. ©2024 Medi-Globe GmbH. CL-0012.EN.v1-0724

Medi-Globe double pigtail stents for pseudocyst drainage: Common and less common indications for placement



**Alberto Larghi MD, PhD,
Digestive Endoscopy Unit**

Fondazione Policlinico Universitario A. Gemelli IRCCS,
Largo A. Gemelli 8, 00168
Rome, Italy



Three Patient Cases:

Patient Case 1:

In May 2023, a 65-year-old woman presented complaining of weight loss and jaundice. An abdominal MRI was performed and showed dilated intrahepatic bile ducts with suspicion of hilar lesion. A consecutive ERCP was done, consisting in a sphincterotomy and proximal biliary tract drainage followed by plastic stent insertion.

The patient then developed post-ERCP fever (T= 39°C) and complained from diffuse abdominal pain. She was transferred to our hospital where she underwent an abdominal CT showing multiple liver abscesses [Fig. 1], in particular in the II and VIII (of 60 mm each). A percutaneous drainage of the VIII liver abscess was decided. A transgastric EUS-guided drainage of the II liver abscess was also performed utilizing a 15x10 mm Lumen-Apposing Metal Stent (LAMS), associated with a consecutive placement of two coaxial double pigtail plastic stent 8.5 Fr, 2 cm (MEDI-GLOBE) inside [Fig. 2], to protect from stent occlusion by food with associated risk of fever recurrence.

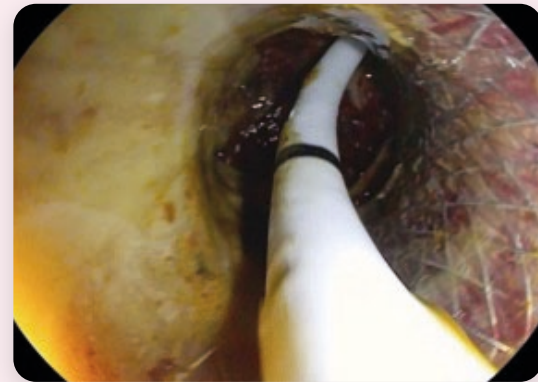
After 3 weeks, the LAMS and double pigtail stents were removed because of abscess resolution.

Illustration Case 1:

Fig. 1: CT showing liver abscesses



Fig. 2: Pigtail stent placement inside the LAMS



Patient Case 2:

A 36 year-old male man presented in January 2023 because of fever and abdominal pain. He was already known for acute necrotizing pancreatitis in November 2022.

He underwent CT scan, showing evidence of a 15 cm pancreatic Walled-off necrosis (WON), mostly periduodenal.

EUS procedure associated with WON drainage has been performed on the same time, using a 15x10mm LAMS from the duodenal bulb [Fig. 1, 2]. This was followed by dilation of the LAMS tract to allow for placement of one coaxial double pigtail plastic stent 8.5 Fr, 2 cm (MEDI-GLOBE) to protect from bleeding from controlateral wall and from stent occlusion [Fig. 3].

After 4 weeks, LAMS and double pigtail stents were removed because of Pancreatic fluid collection resolution.

Illustration Case 2:

Fig. 1: LAMS placement with EUS inside pancreatic collection

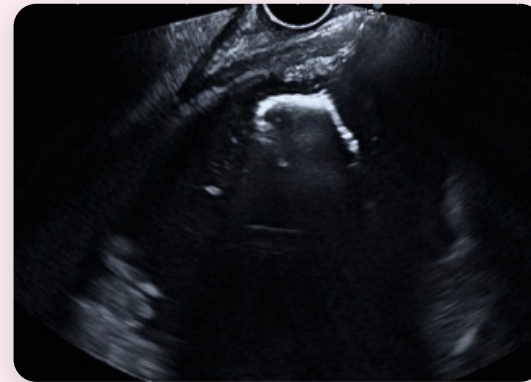


Fig. 2: Pancreatic fluid collection with LAMS in place

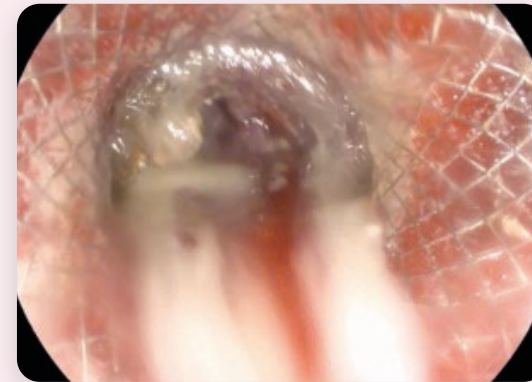


Fig. 3: Pigtail stent placement inside the LAMS



Patient Case 3:

In Summer 2023, a 89 year-old woman affected by Hepatitis C Virus, related cirrhosis, hypertension, heart failure class IV, and suffering from obesity, diabetes, obstructive sleep apnea syndrome on CPAP therapy presented because of recurrent acute cholecystitis (at least 3 episodes).

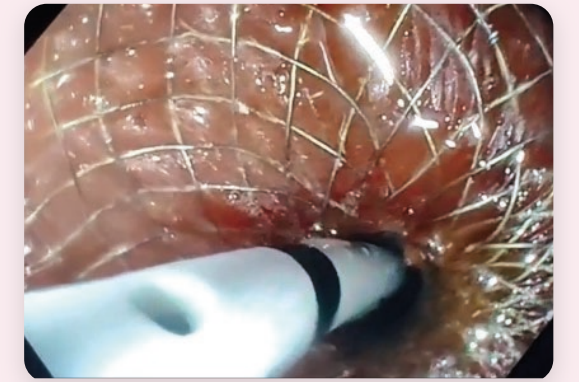
She was unfit for surgical cholecystectomy because of her age and comorbidities. She underwent elective endoscopic gallbladder treatment in August [Fig. 1: EUS-guided gallbladder drainage], from the duodenal bulb, using a 15x10 mm LAMS associated to a consecutive double pigtail plastic stent 8.5 Fr, 2 cm (MEDI-GLOBE) placement [Fig. 2], this considered as her definitive treatment. Double pigtail stents were placed to avoid food impaction and acute cholecystitis recurrence.

Illustration Case 3:

Fig. 1: EUS-guided gallbladder drainage with LAMS



Fig. 2: Pigtail stent placement inside the LAMS



Conclusions

Placement of MEDI-GLOBE double pigtail stents is of interest for pseudocyst drainage, but but may be indicated in a various range of clinical situations. This endoscopic procedure is simple and safe, even without fluoroscopy. That may be cost effective and reduce the risk of stent occlusion and of other adverse events.