Endoscopic double stenting for the treatment of malignant biliary and duodenal obstruction due to pancreatic cancer

Background: In non resectable pancreatic cancer cases found to have duodenal stenosis, 13–20% are in the terminal stage when obstruction occurs. Considering the systemic condition and limited prognosis, it is better to apply minimally invasive treatment whenever possible. Recently, endoscopic duodenal stenting (DuS), which is also minimally invasive, is being increasingly used. In addition, it is referred to as double stenting, combining biliary stenting (BS) and DuS, and it has also been reported. The purpose of the present study was to retrospectively evaluate endoscopic double stenting by endoscopic retrograde cholangiopancreatography-guided biliary drainage (ERCP-BD) and by endoscopic ultrasonography-guided biliary drainage (EUS-BD) for the treatment of non-resectable malignant biliary and duodenal obstruction.

Patients and Methods: Medical records of 11 patients that underwent endoscopic double stenting from January 2008 to September 2012 were analyzed retrospectively.

Results: Technical success rate was 100%, clinical success rate was 100%, early complication rate was 0% and late complication rate was 27.3% (cholangitis: two, perforation: one). Mean survival time from double stenting was 76.5±67.8 days, mean patent period of the duodenal stent was 73.5±69.7 days, and mean patent period of the biliary stent was 62.6±60.4 days.

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