Clinical Clip

PANCREATIC STENT PLACEMENT

Study courtesy of:
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HISTORY

A female patient presented with abdominal pain associated with Alcoholic Pancreatitis. A diagnostic ERCP was performed and the pancreatic duct was found to have a stricture at the genu. (See Figure 1, Pancreatogram)

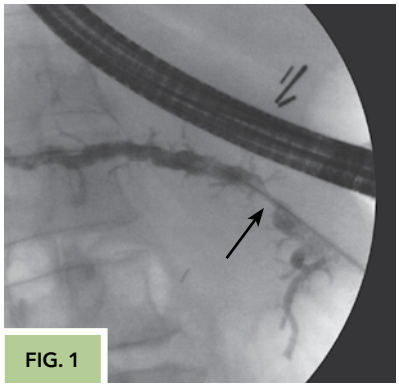

FIG. 1

PROCEDURE

To minimize the patient's pain levels associated with the pancreatic duct stricture, stent placement was the chosen course of treatment. The **Johlin Pancreatic Wedge Stent** was chosen based on its unique features designed for placement in the pancreatic duct. Advantages of this stent are the wedge design for full duct decompression and the Sof-Flex® material to minimize injury by the tip. The stent was placed in the pancreatic duct over a .035 inch wire guide with the Wedge Stent Introduction System. (See Figure 2, Endoscopic view of Stent Advancement; Figure 3, Fluoroscopic View of Stent Placement)

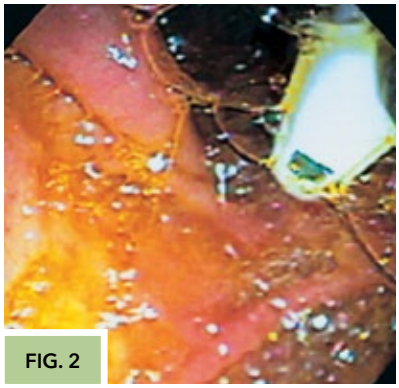

FIG. 2

Dr. Cunningham recommends placing the wedge end of the stent as far back in the pancreatic tail as possible to minimize migration.

OUTCOME

In this case, placement of the pancreatic wedge stent achieved pancreatic duct decompression and relieved the pain associated with pancreatitis and pancreatic duct strictures. (See Figure 4, Endoscopic View, Pancreatic Duct Decompression. Note: The stent extends into duodenum).

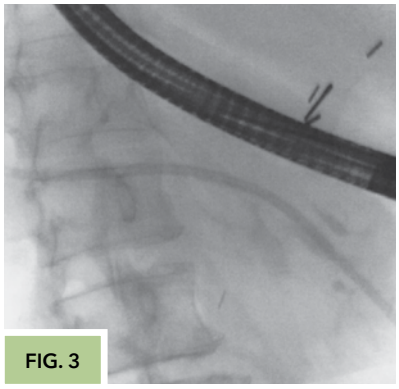

FIG. 3

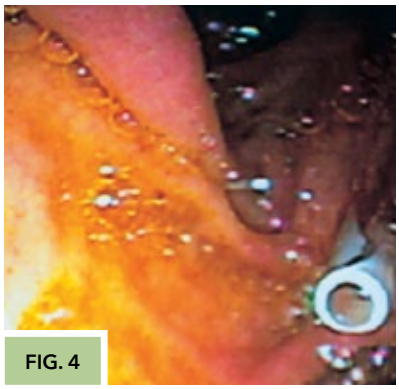

FIG. 4

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