

Treating a Klatskin Tumor with Three Evolution® Controlled-Release Stents



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In February 2013, a 73-year-old patient came to the St. Vincenz-Krankenhaus in Datteln, presenting with a pre-diagnosed Klatskin-tumor (Bismuth IV) with worsening general condition. The patient could take no solid food and complained of nausea. A plastic stent had previously been placed in the common hepatic duct in another hospital.

Sonographically, an 8 cm mass was revealed in the liver in segments 4 and 5, causing a compression of the hilar vessels and the duodenum resulting in bilateral intrahepatic cholestasis (*Figure 1*). In addition, there were some intrahepatic metastases. The wall of the ductus hepatocholedocus was thickened to 9 mm and a plastic stent had been placed (*Figure 2*). The stomach was filled with liquid as a result of a pyloric orifice stenosis.

At first we attempted a gastroscopy but it could not be completed due to the compressed duodenum (*Figure 3*). As a result, we placed an uncovered 9 cm self-expanding metal stent (Cook Evolution Controlled-Release Duodenal stent) into the duodenum with the proximal end just in the prepyloric antrum (*Figure 4*). After four days, the stent was completely open and we could pass the former stenosis with the duodenoscope. Now we could grasp the plastic stent with a polypectomy snare and remove it. Using an ERCP catheter, we placed two wire guides, one in each hilar duct. Over these wire guides we were able to place two uncovered, self-expanding metal stents (Evolution Controlled-Release Biliary stents), one in each duct. They were released consecutively. Both presented a good opening and optimal positioning (*Figure 5*).

During hospitalization, the patient had persistent cholangitis with inflammatory signs in the blood. For this the patient received antibiotic therapy with amoxicillin and sulbactam sodium. Following stent placement, intrahepatic cholestasis and cholangitis were shown to be resolved.

The patient was (with a continuing oral antibiotic therapy) released from the hospital. ■

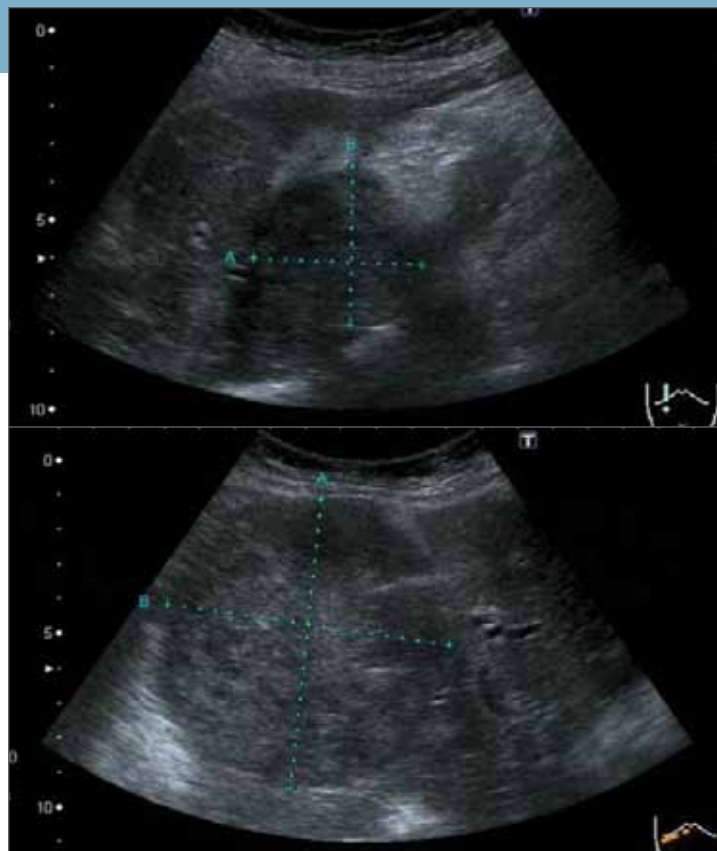


Figure 1



Figure 2



Figure 3



Figure 4



Figure 5