

Advanced Endoscopy: Interesting Case Presentations

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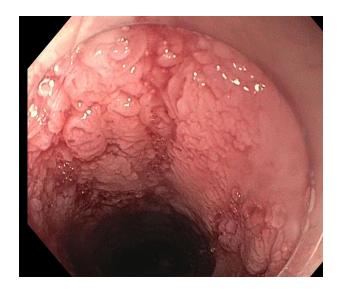
Disclosures

None

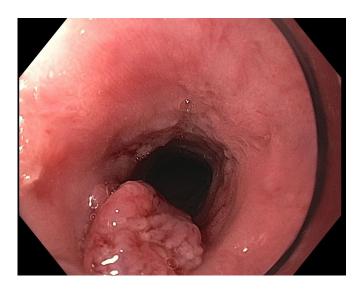


Esophageal papillomatosis

- 78 year old woman with dysphagia
- Prior EGD revealed papillomas in esophagus EMR then stricture
- Does not want surgery just surveillance and possible XRT in future

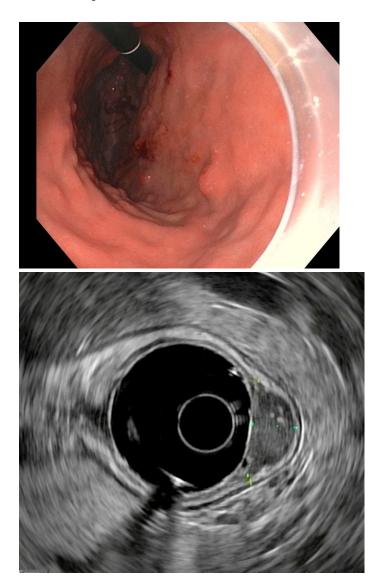


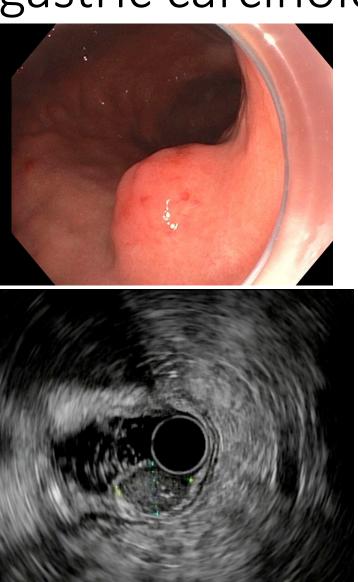




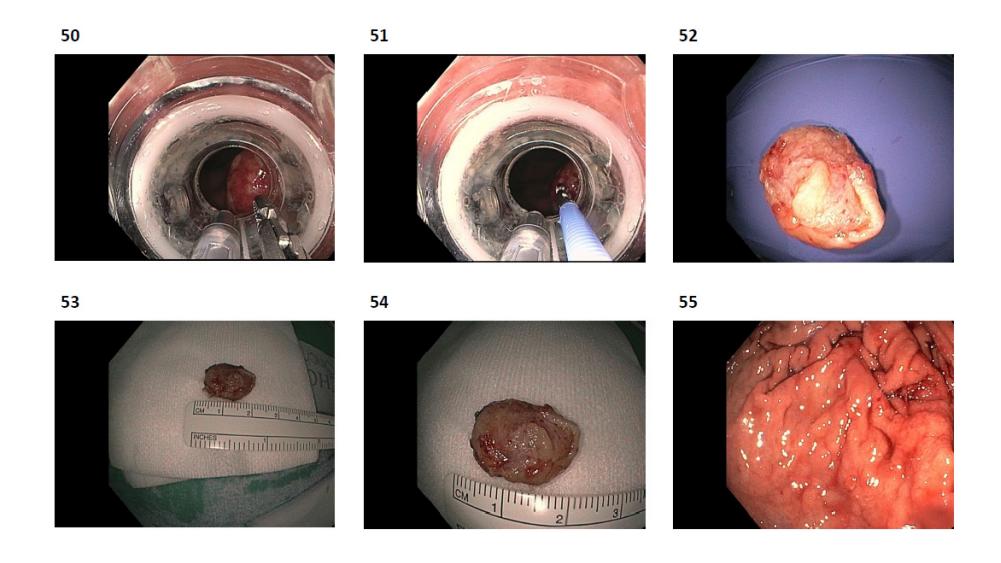


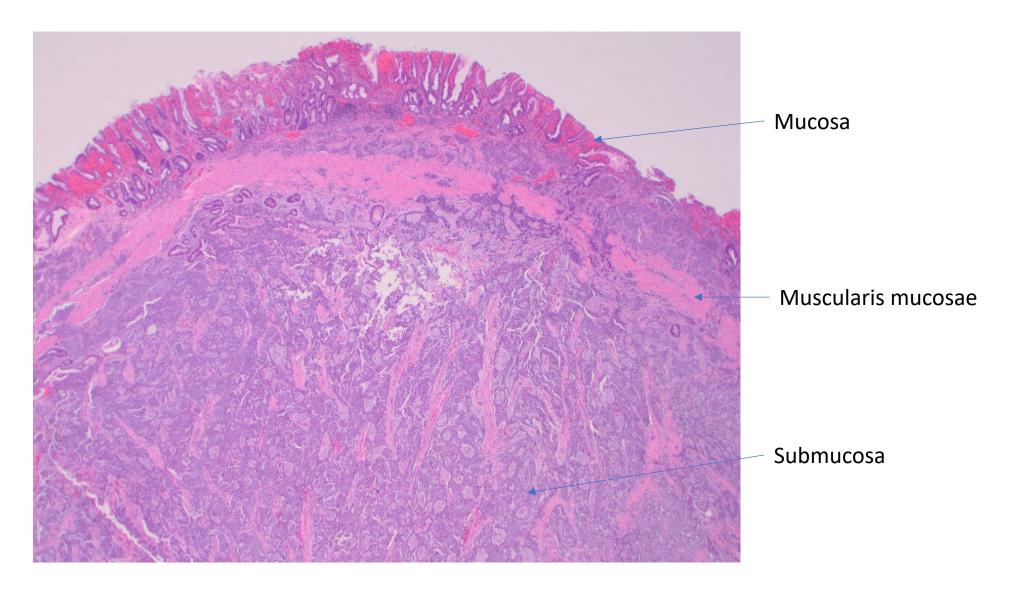
51 yo male with 13 mm gastric carcinoid

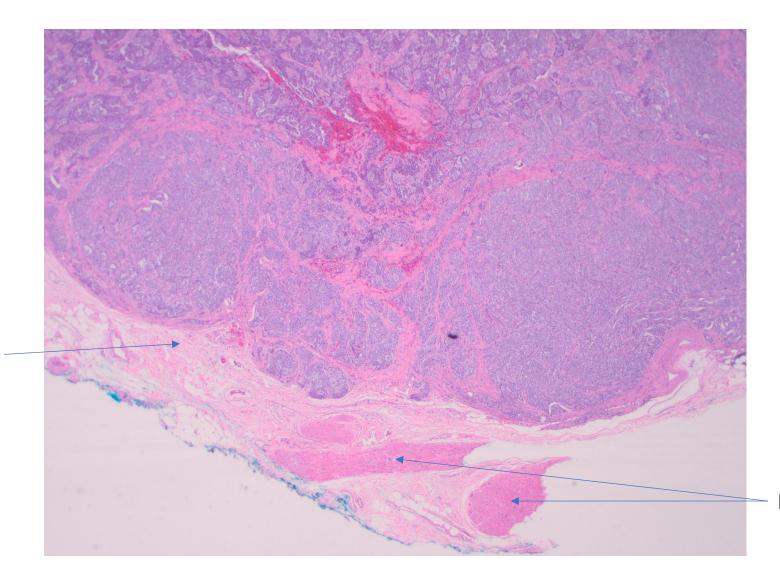




Endoscopic Full Thickness Resection

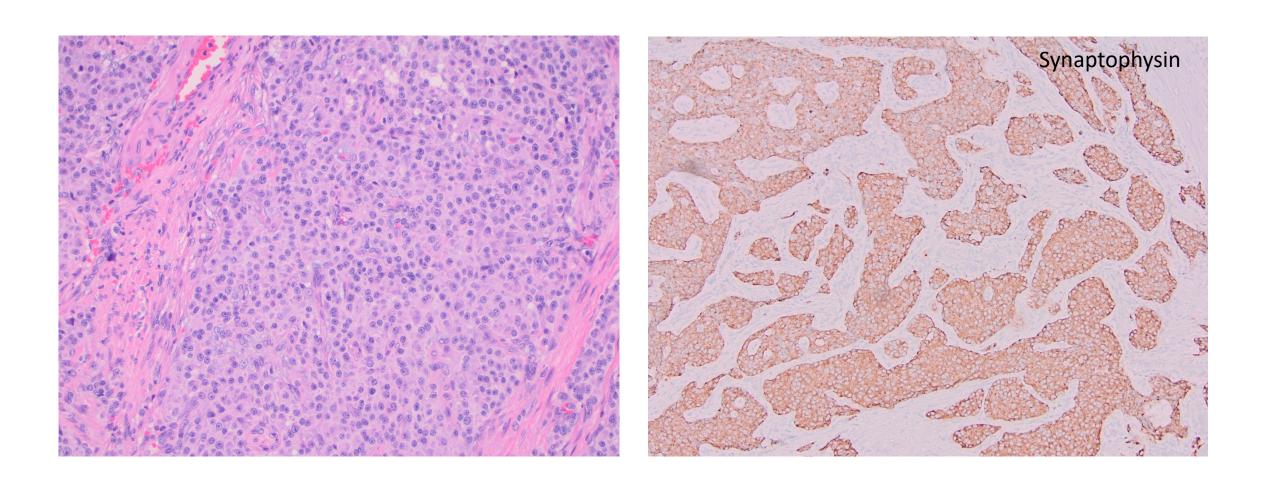






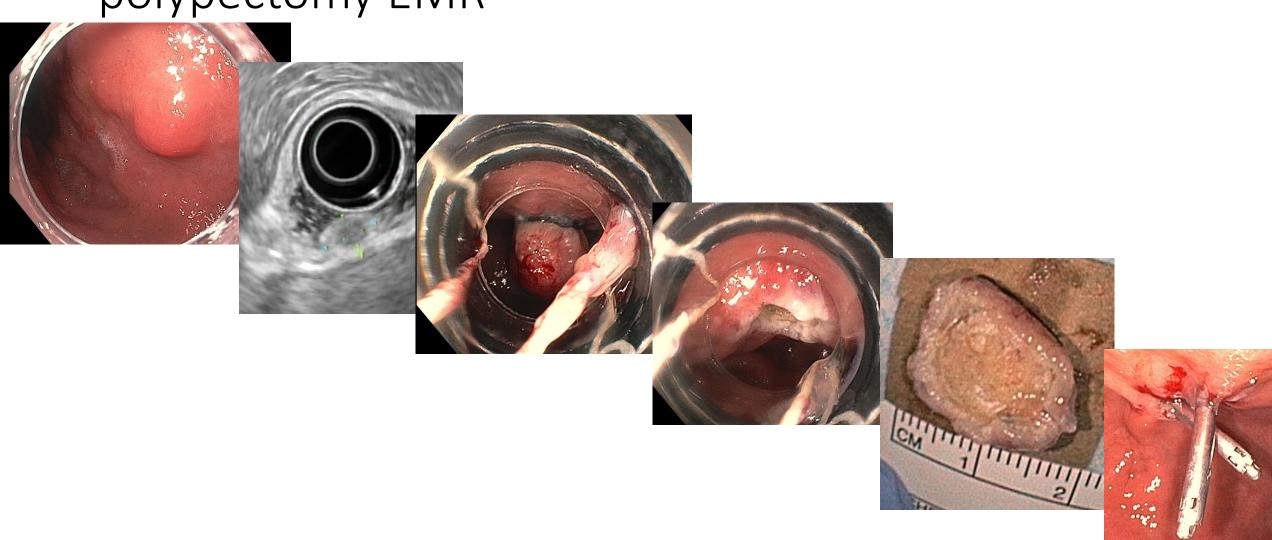
Submucosa

Muscularis propria



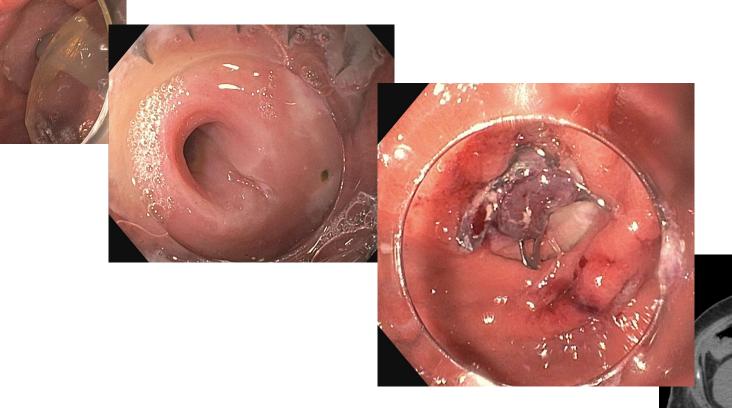
Well differentiated neuroendocrine tumor, grade 1

2 years later – 10 mm subepithelial nodule in same area – removed with band ligation snare polypectomy EMR





75 year old woman with leaking PEG tube
Closed with over the scope clip



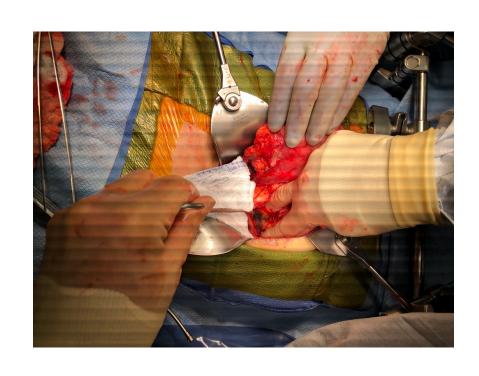


Diminutive Insulinoma

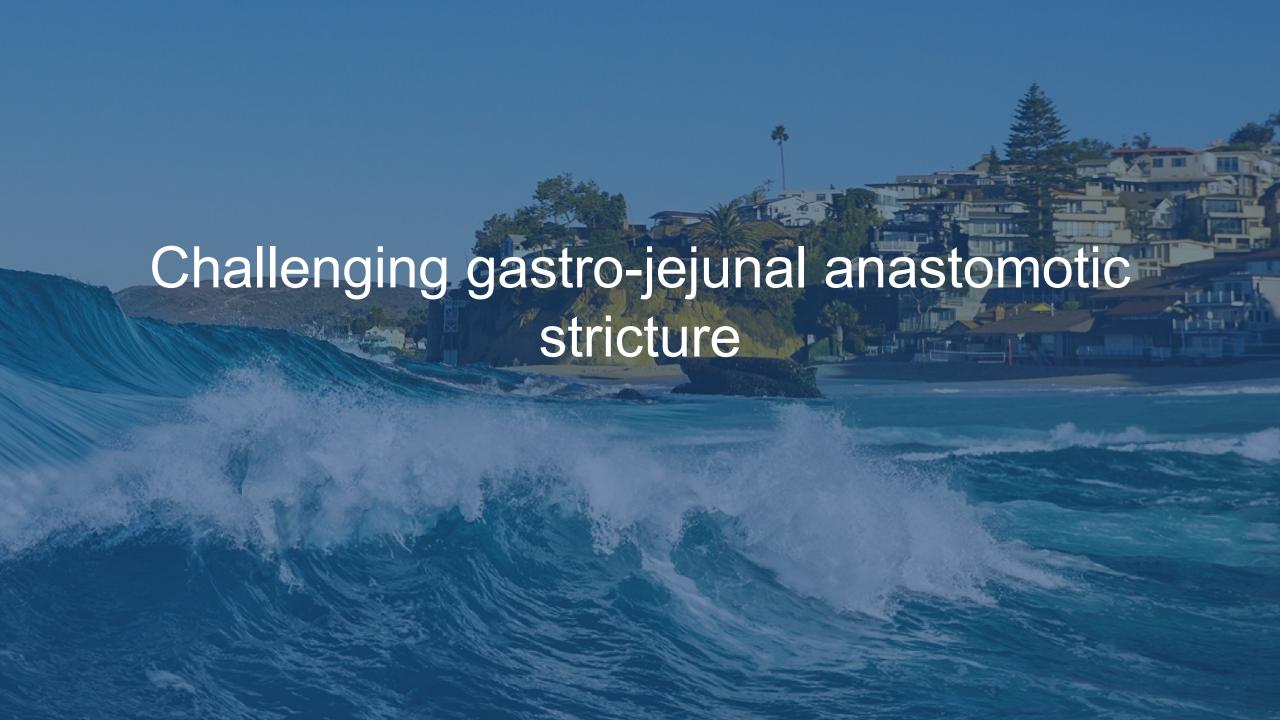
- 58 yo woman with several months recurrent hypoglycemia
- Insulin levels increased
- CT and MRI normal pancreas
- EUS FNA confirmed 8 mm x6 mm insulinoma tumor



Tattoo placed via EUS FNI to help surgeon find insulinoma for curative resection



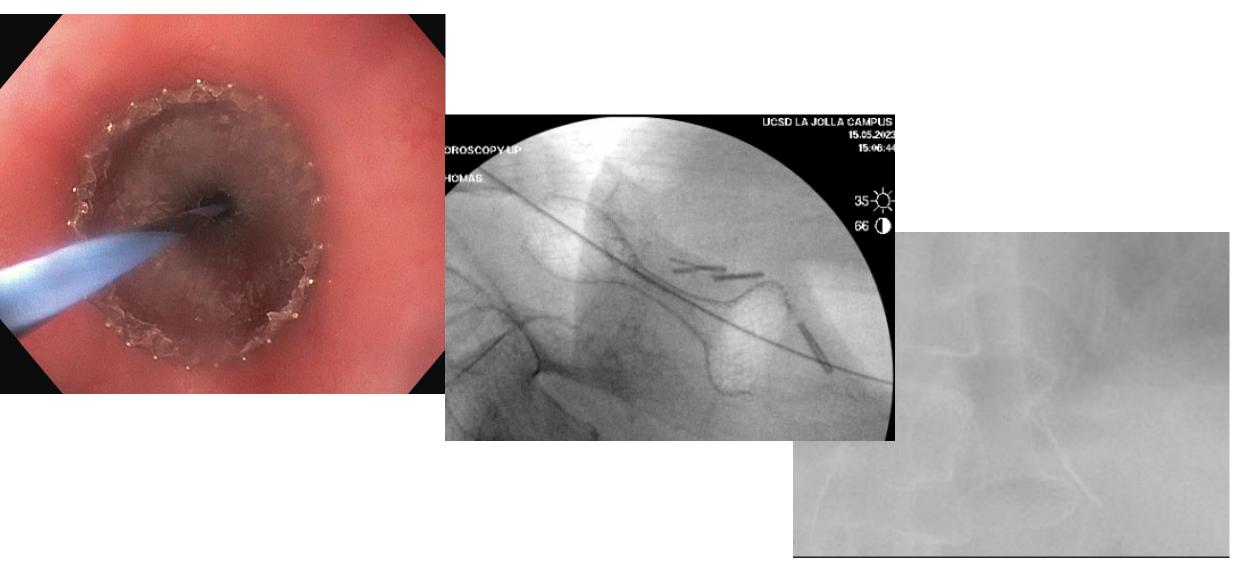


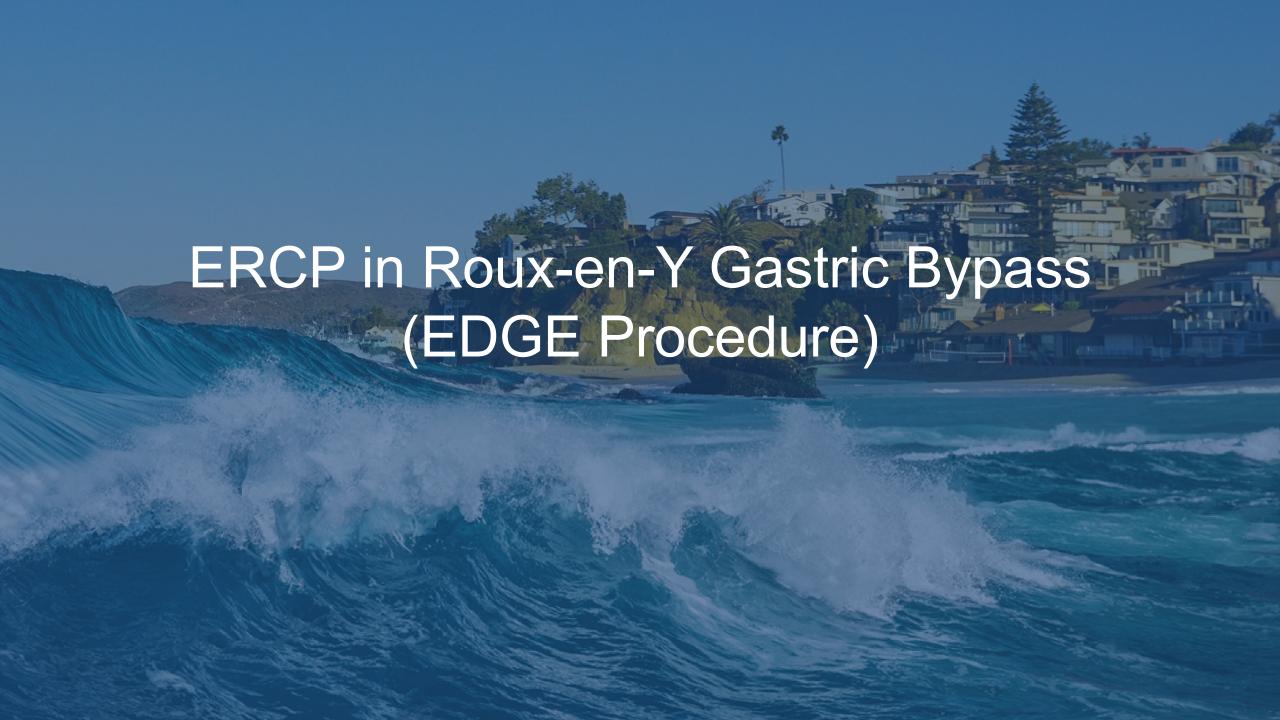


57 yo woman with gastrectomy for signet ring adenocarcinoma now with metastatic disease and stricture or tumor recurrence at gastro-jejunostomy – refractory to endoscopic dilations



20 mm x 10 mm cold LAMS for GJ stricture



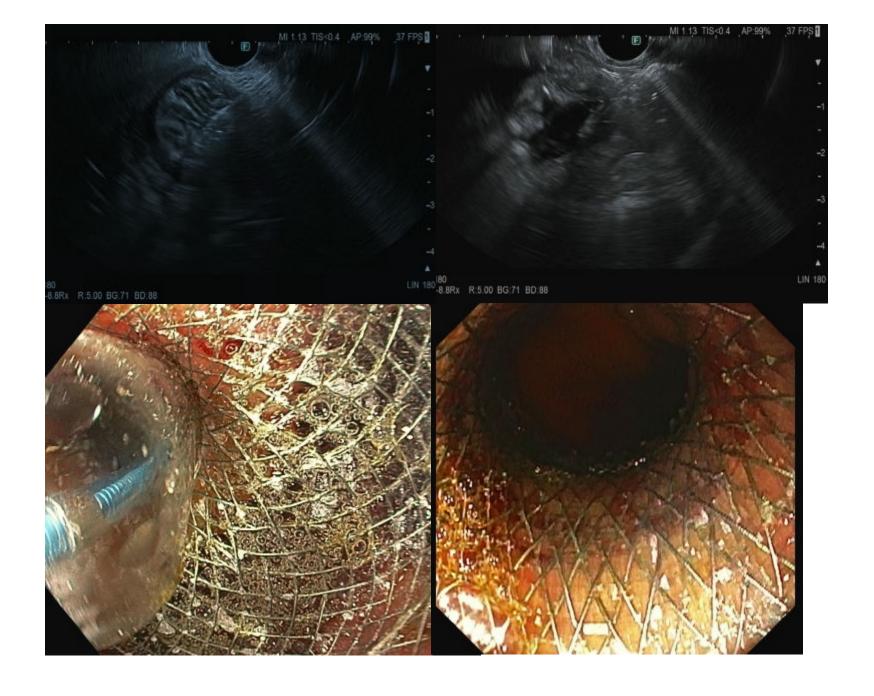


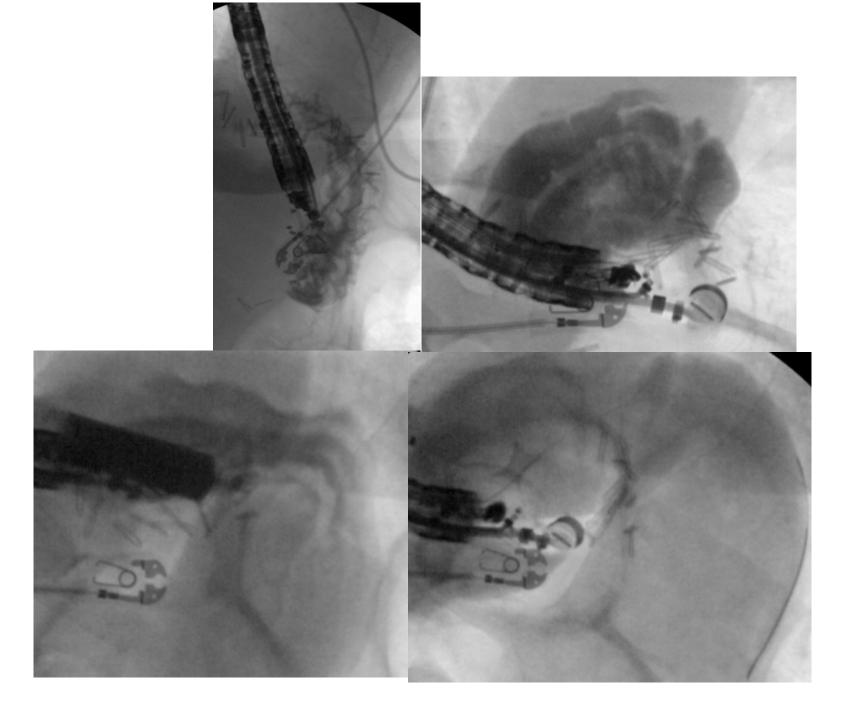
36 yo with RYGB and CBD stone

- 36 year old woman with history of Roux-en-Y gastric bypass, history of perforated anastomotic ulcer (managed surgically), who presents with abdominal pain and elevated LFTs.
- MRCP negative for stone.
- Lap chol with positive IOC for small stone in distal CBD.
- Lap-assisted ERCP unsuccessful due to inability to place port in stomach.

EDGE

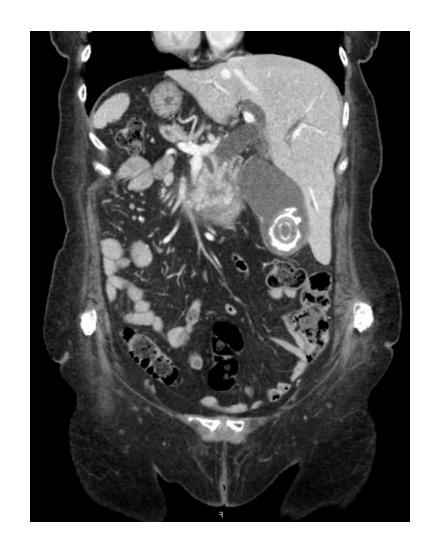
- Excluded stomach confirmed with injection and distension with contrast and saline
- Wire passed into the antrum
- Hot Axios 20 mm x 10 mm deployed under endoscopic and fluoroscopic guidance
- CRE dilation 8 mm to 10 mm



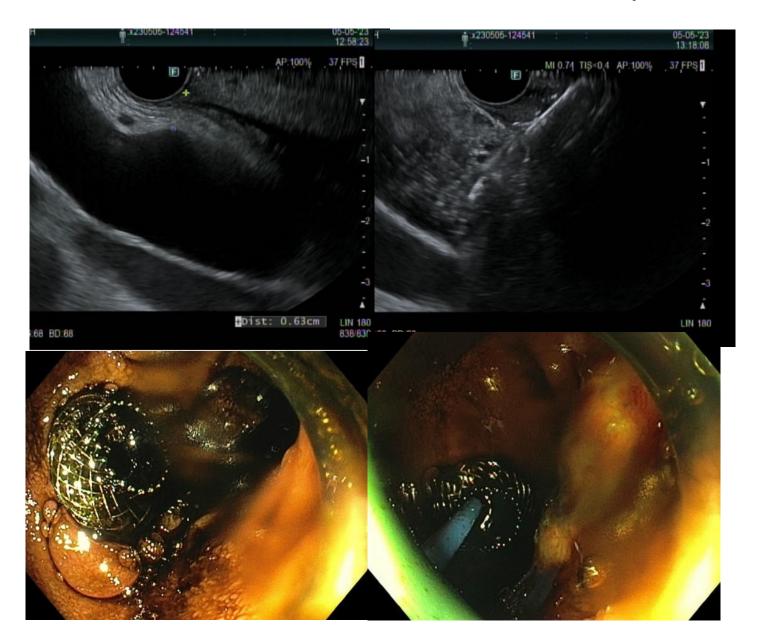


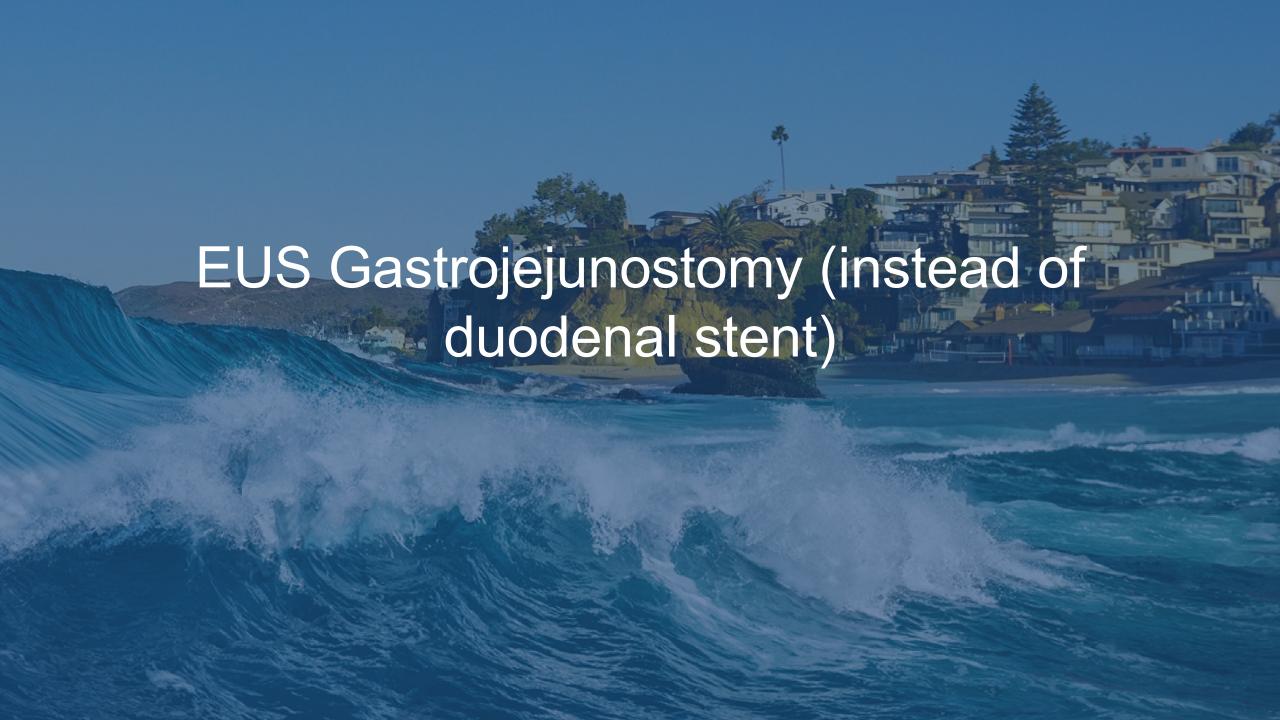


73 yo woman with pancreatic head cancer and biliary obstruction – unable to cannulate bile duct



EUS LAMS choledochoduodenostomy

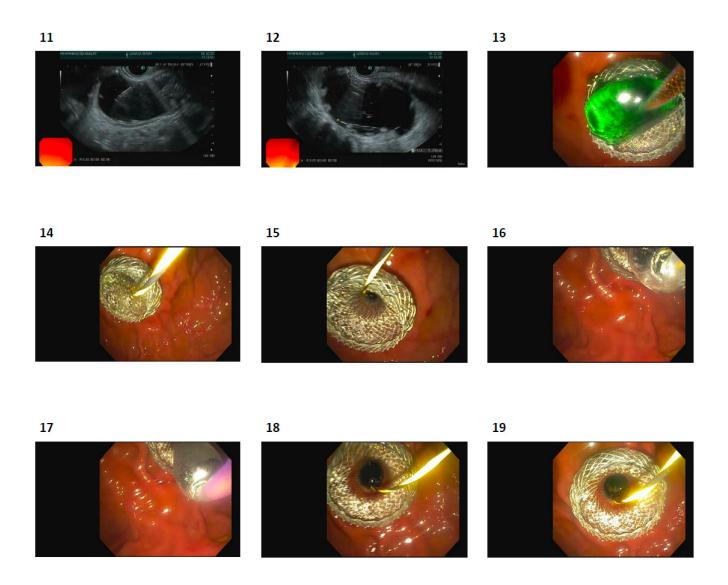




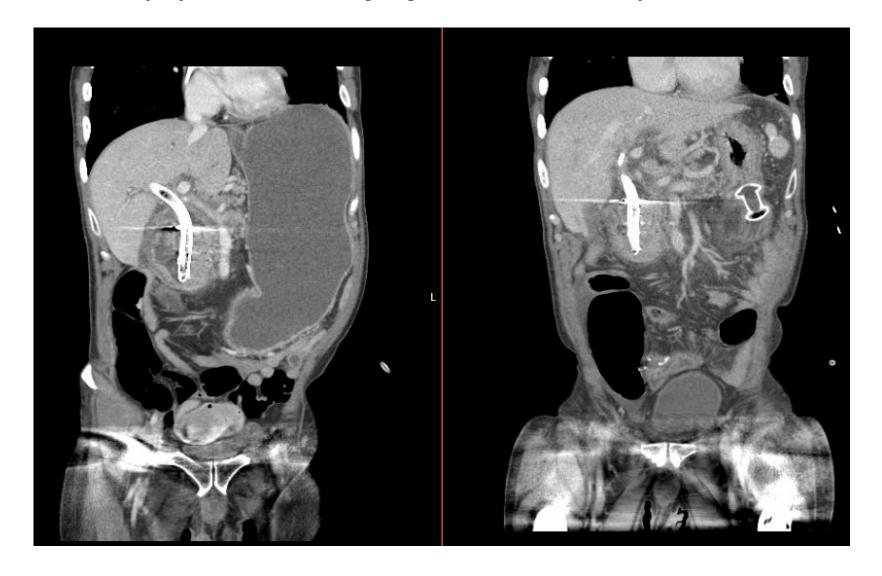
58 yo male with malignant biliary and duodenal obstruction from metastatic colon cancer



Endoscopy Gastrojejunostomy



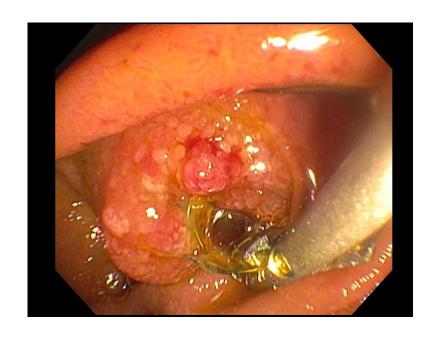
Endoscopy Gastrojejunostomy

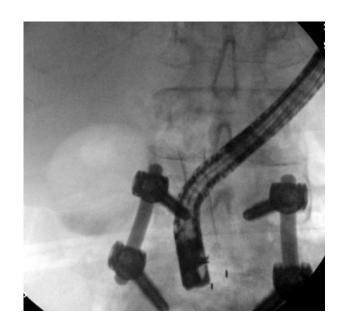


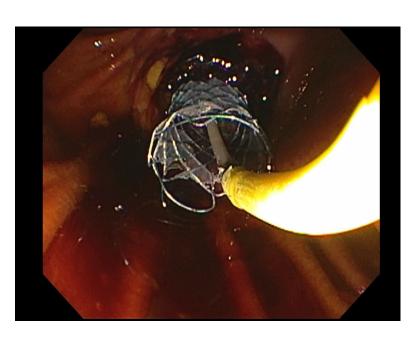


Migrated metal biliary stent

- 75 year old male had prior ERCP with sphincterotomy bleeding and fully covered biliary stent placed which stopped bleeding
- Repeat ERCP to remove stent revealed biliary stent had migrated up into bile duct – could not be removed



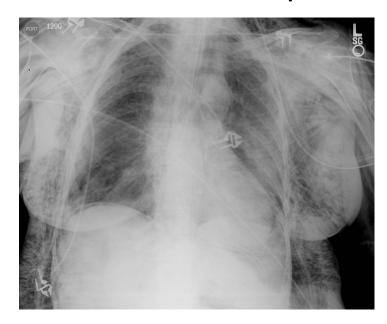






Facial and chest swelling during ERCP...

- 78 yo male undergoes ERCP with sphincterotomy for CBD stone
- End of case patient becomes stridorous and decreased O2 saturations
- Facial edema and crepitance then occur





Thank you!

