Abstract

The authors report the case of a female patient submitted to endoscopic cholangiography intending to drain the biliary tree due to jaundice. The patient had gastrointestinal deviation due to an advanced gastric cancer that evolved with a distal extrahepatic mass. Abdominal CT scan demonstrated a distal mass, extrahepatic biliary dilation and a normal intra-hepatic tree. In this condition and after a multidisciplinary discussion, an endoscopic ultrasound guided extrahepatic access with the deployment of a partially covered self-expandable metallic stent was performed. The patient normalized her bilirubin levels after a successful procedure.

Keywords
Distal subtotal gastrectomy, malignant biliary obstruction, ERCP, EUS, biliary drainage.