Selective Cannulation with

COOK MEDICAL

Fusion® LoopTip™ WIRE GUIDE

for Billroth II Patients

TWO CASE STUDIES

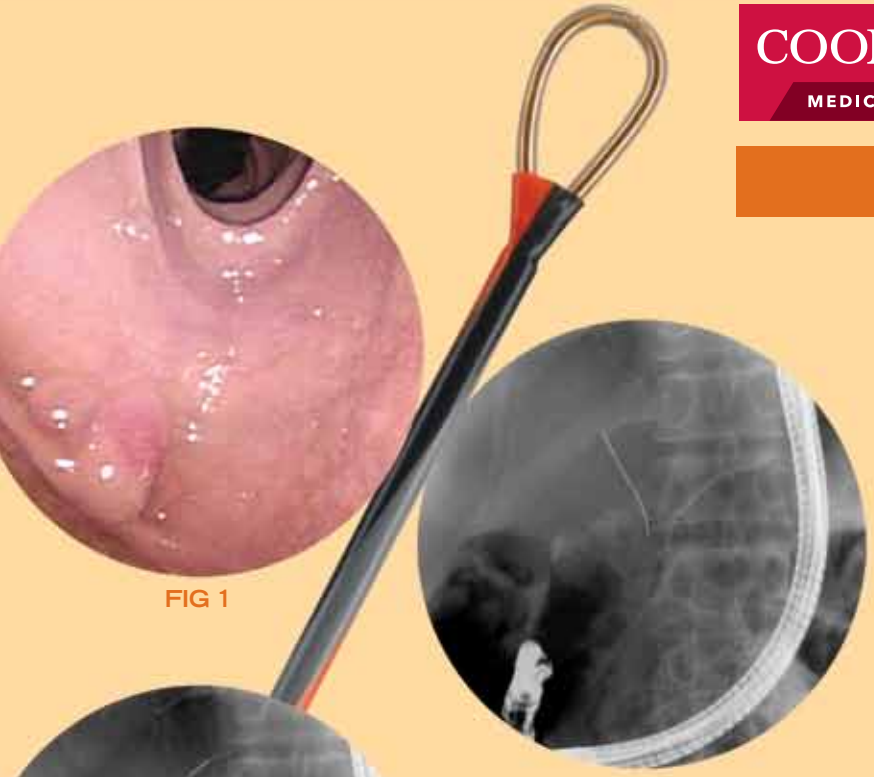

FIG 1

FIG 2

FIG 3

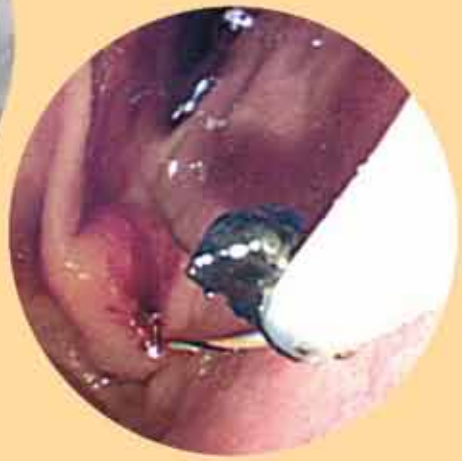

FIG 4

Jeong-Hyeok Kim, MD
Division of Gastroenterology
Hallym University Sacred Heart Hospital

CASE 1

A 72-year-old patient was hospitalized for diagnostic tests when gallbladder masses were found by chance during an abdominal ultrasound scan at the health screening center of our hospital. He had previously undergone a subtotal gastrectomy with a Billroth II procedure in 1990 due to EGC. On the CT image, mild dilatation was observed in the intrahepatic ducts (IHD) and the common bile duct (CBD), and hyperdense stones were observed inside the gallbladder. To find out why there was diffuse dilatation in the IHD and CBD, we performed an ERCP. Consistent with the history of this patient who underwent the Billroth II gastrectomy, we observed that the major papilla was reversed (Fig. 1). We initially attempted cannulation with a traditional standard metal tip catheter, but were only successful in the pancreatic duct.

Since we were not able to cannulate as we intended with other traditional methods, such as using a rotatable sphincterotome and swing-tip catheter, we tried cannulation using the LoopTip Wire Guide. After aligning the wire guide with the axis of the CBD, we were able to cannulate successfully (Fig. 2).

After successful cannulation, we were able to remove the stones using a wire-guided 8-wire Memory basket (Fig. 3 and 4).