

Another gastrointestinal lesion amendable for ablation

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Question

A 79-year-old patient, with a history of redo-endoscopic ampullectomy (low grade dysplasia), was referred to our hospital with cholestatic liver function abnormalities and dilation of the common bile duct.

Diagnostic endoscopic ultrasound (EUS) was performed (Figure 1, left), as well as upper gastrointestinal endoscopy (Figure 1, right).

What is the final diagnosis and which treatment would you propose?

Answer

Ampulloma recurrence was confirmed with a side-viewing duodenoscope, as well as clear signs of significant intraductal extension (14mm) on EUS (Figure 1, arrows).

Endoscopic ampullectomy (EA) is regarded as an effective and safe modality for ampullary lesions <3cm (1,2). In patients with intraductal extension <20mm, adjunctive therapies such as endobiliary radio-frequency ablation (RFA) have recently been suggested (1,2). Although complete remission has been reported in 70-100% after one RFA session, there are two major disadvantages to this approach (1). First, a 43% rate of adverse events has been seen, which were mostly minor and predominantly attributed to post-RFA strictures (1). And secondly, long term results and subsequent follow-up requirements are largely unknown.

In our case, the patient preferred a minimally invasive approach, which made us propose repeat-EA with adjunctive intraductal RFA. EA was performed without lifting, after which sequential temperature-controlled intraductal RFA was performed (10W, 120 seconds) (Figure 2, left), both a biliary and pancreatic stent were inserted and argon plasma coagulation was used for

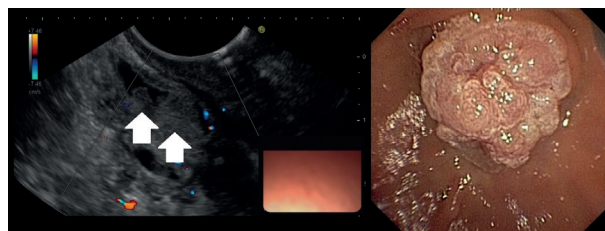


Figure 1.

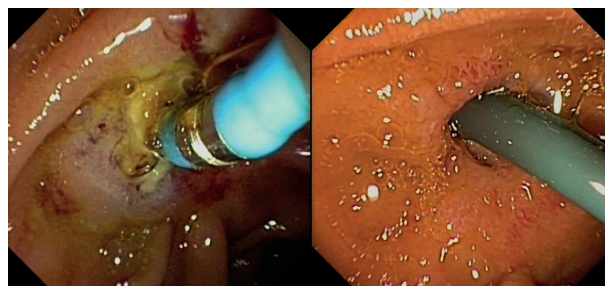


Figure 2.

ablation of the resection area. At two months follow-up, no complications had occurred and no macro- or microscopic signs of recurrence were seen (Figure 2, right).

Our case illustrates the pivotal role of pre-procedural EUS in selecting patients for EA and suggests intraductal RFA as a valuable addition to our endoscopic armamentarium, although more data on follow-up and long term efficacy are required.

References

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