

# Percutaneous Colonic Stent as a Rescue Therapy for a Walled-off-Necrosis

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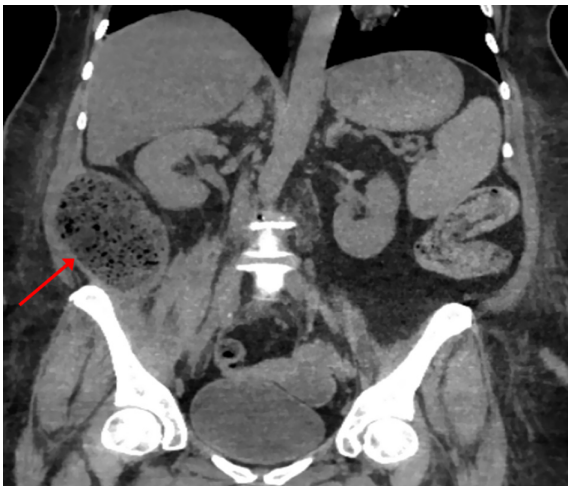
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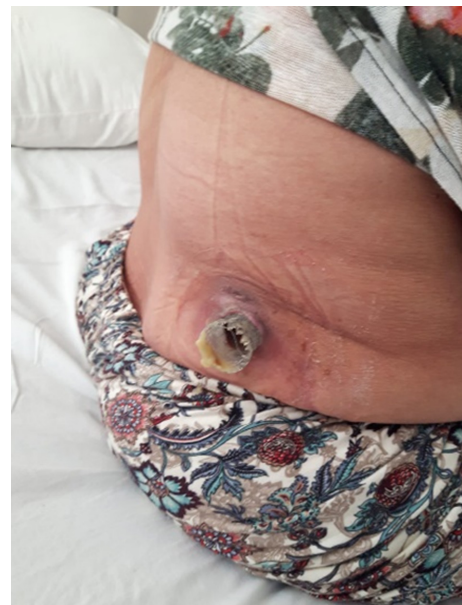
A 57-year-old female with no comorbidities was admitted to the hospital with upper right quadrant pain. The patient's laboratory results showed elevated cholestatic enzymes with normal bilirubin levels. Leucocyte and C-reactive protein levels were normal. The radiologic findings of ultrasound and magnetic resonance cholangiopancreatography showed small stones in the gallbladder and 5 mm stones in the common bile duct (CBD). The diameter of CBD was 7 mm. Endoscopic retrograde cholangiopancreatography (ERCP) was performed and 5 mm stones were removed from the CBD. After the procedure, the patient had epigastric pain and was diagnosed with post-ERCP pancreatitis. Computed tomography (CT) scan showed peripancreatic necrosis and patient was treated with intravenous fluids, broad-spectrum antibiotics, and low-molecular-weight heparin. On the 30th day of hospitalization, control CT scan showed infected walled-off necrosis (WON) with a diameter of 8 cm next to the psoas muscle (Figure 1). Percutaneously, a drainage catheter was placed into the collection. On the first day, the drainage catheter worked well; however, after a few days, the patients' clinical condition worsened. The repeated CT scan showed no regression of the WON. We percutaneously sent a guidewire through the drainage catheter, removed the drainage catheter, and placed a fully covered self-expandable metallic



**Figure 1.** Infected walled-off necrosis in the retroperitoneum next to the right kidney and psoas muscle.



**Figure 2.** Radiological view of placed colonic stent.



**Figure 3.** View of the stent just before the removal.



**Figure 4.** View after the removal of the stent.

colonic stent (80 mm × 24 mm, Niti-S Colonic Stent; Taewoong-Medical, Seoul, Korea) into the WON (Figure 2 and 3). Walled-off necrosis resolved several days after the placement of the stent. The full resolution of the WON was achieved on the 10th day of stent placement, and the stent was removed (Figure 4). The patient was successfully discharged with no clinical symptoms.

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