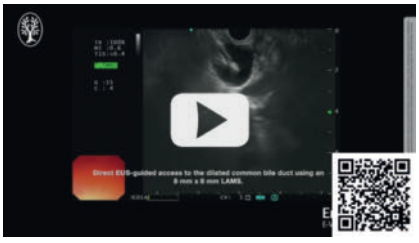
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E-Videos

Robotic pancreaticoduodenectomy after endoscopic ultrasound-guided choledochoduodenostomy for malignant biliary obstruction



Video 1 Endoscopic ultrasound–guided choledochoduodenostomy resolved cholangitis from resectable pancreatic cancer, enabling robotic pancreaticoduodenectomy with uncomplicated intraoperative lumen-apposing metal stent removal.

Endoscopic ultrasound-guided choledochoduodenostomy (EUS-CDS) is an effective treatment option for malignant distal biliary obstruction.[1] Its role has further expanded with the introduction of cautery-enhanced lumen-apposing metal stents (LAMSs), which have demonstrated higher technical success rates and shorter procedure times than self-expandable metal stents (SEMSs), with comparable clinical success and overall adverse event rates, supporting their use for efficient biliary drainage in this setting.[2] EUS-CDS has also emerged as a viable primary drainage strategy and as an early alternative in patients with difficult biliary cannulation.[3,4] However, evidence regarding the impact of preoperative EUS-CDS on subsequent pancreaticoduodenectomy, particularly when performed using a minimally invasive approach, remains limited.[5]

We report the case of a patient with histologically confirmed pancreatic head adenocarcinoma who presented with acute cholangitis secondary to malignant distal biliary obstruction. Primary EUS-CDS was performed with direct deployment of an 8 × 8 mm cautery-enhanced LAMS. The procedure was technically successful, with no procedure-related adverse events, and resulted in clinical improvement and resolution of cholangitis.

Follow-up abdominal computed tomography demonstrated biliary decompression and confirmed tumor resectability. The patient subsequently underwent robotic pancreaticoduodenectomy. The LAMS was removed intraoperatively without technical difficulties or complications (**Video 1**), and the postoperative course was uneventful.

This case illustrates that, in selected patients with resectable pancreatic head adenocarcinoma and malignant distal biliary obstruction, EUS-CDS with a cautery-enhanced LAMS can provide effective preoperative biliary drainage without precluding subsequent curative-intent robotic pancreaticoduodenectomy.

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Statements and Additional Information

Conflict of Interest Marco Spadaccini: Boston Scientific (consultancy), Olympus Corp (Speaking honorarium). Matteo Colombo: Boston Scientific (speaking honorarium). Alessandro Repici: Fujifilm (consultancy), Olympus Corp (consultancy), Medtronic Co. (consultancy), Boston Scientific (consultancy). All other authors have nothing to disclose.

Declaration of GenAI Use The authors confirm that no generative artificial intelligence was used in the preparation of this manuscript.

Contributors' Statement Marco Spadaccini: conceptualization, data curation, supervision, and writing – review and editing. Giovanni Capretti: data curation and supervision. Miriana Mercurio: data curation and writing – original draft. Greta Donisi: validation and visualization. Matteo Colombo: data curation, validation, and visualization. Alessandro Zerbi: data curation, supervision, validation, and writing – review and editing. Alessandro Repici: supervision, validation, and writing – review and editing.

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