中文題目：Y 型金屬支架應用於惡性肝門膽道阻塞病患

英文題目：Y-shape self expandable metallic stents for separate malignant hilar biliary obstruction

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Background:

Malignant hilar biliary obstruction results in jaundice, pruritus,pain, cholangitis, and often decreasing the quality of life. It had extremely poor prognosis with reported a 5-year survival rate less than 10%. Although surgical resection offers best possibility of prolonged survival, overall resectability rates for hepatic hilar malignancies are reported to be approximately 10-20%; therefore treatment in most patients is mainly palliative rather than curative.

Methods:

- Select a 58 year old female with past history of thyroid nodules s/p partial thyroidectomy and underlying of cholangiocarcinoma.
- Her initial presentation was yellowish skin discoloration and itchness since 3 months ago.
- She was brought to Thailand Bangkok Hospital Medical Center, Lab data showed Bilirubin T (23.7mg/dl), elevated ALK-P (360U/L). CT was arranged and showed a poorly defined hypoenhanced area at the hepatic porta measuring about 2.7*2.3cm with intrahepatic duct dilatation.
- PET was also arranged and showed compatible findings: hypodensity at hepatic portal area is consistant with malignant tumor. Under the impression of cholangiocarcinoma. She received endoscopic retrograde biliary drainage (ERBD) and two plastic stents inserted in each hepatic ducts on Aug 2015.
- After stents insertion, yellowish skin mildly improved. However, she still had jaundice on and off with skin itchness. As the results, her family required for second opinion of stent replacement and came to our hospital. Therefore she was admitted for second survey and management.
- Afetr admission, keep empirical antibiotic with cetazone
- MRCP was arranged for cholangiocarcinoma evaluation, showed ill-defined space-taking lesion in portal hepatis with obstruction of bil. Intrahepatic ducts which havng filling defect its lumen causing obstructive cholangiopathy, consistent with hilar type cholangiocarcinoma. Suspicious several satellite nodules in peripheral portions of liver & omental cake appearance in anterior abdomen with moderate ascites, R/O hepatic metastasis & cancerous peritonitis .Splenomegaly .Mild bil. pleural effusions.
- .ERCP on 2015/12/17, Klatskin tumor with separate obstruction (Bismuth type IIIb) s/p ERBD X 2 .
- . Repeat ERCP on 2015/12/24, Klatskin tumor with separate obstructions s/p previous ERBD. Plastic stents removal. s/p endoscopic papilla balloon dilatation. s/p Bonastent M-hilar (spiral radio and point radio) Y-shape SEMS insertion.

Conclusions：

1. Endoscopically placement of the Y-shaped branched covered Stent seems to be technically feasible and clinically effective for palliative treatment of malignant hilar biliary obstruction.
2. Percutaneous or endoscopic metallic stent insertion has recently become a widely accepted procedure for palliativetreatment of malignant hilar biliary obstruction.
3. Many authors have described new devices and various techniques for bilateral bare metallic stent placement across the hilar malignancy, including T-configured, Y-configured, and crisscross-configured dual stent placement.
4. Moreover, successful use of covered stent was also reported in patients with malignant hilar biliary obstruction to provide durable stent patency without tumor ingrowth.
5. When the stent is obstructed by tumor ingrowth or slugde formation, management of stent occlusion by means of re-stenting can be technically difficult in most hailar biliary obstruction, bilateral stents are placed using the stent-in stent fashion, and the wires of the previously inserted stent have a potential risk of preventing the additional stent insertion through the contralateral bile duct.
6. Therefore, recently, a new design of Y-shaped branched covered stent was devised to improve the stent patency rate and to allow feasible management of stent occlusion