# Report spyglass06

## Indications

75-year-old male presenting for therapy of a bile duct stricture. Initially developed jaundice, pruritus, fever, and pain. Evaluated at an outside hospital with elevated liver enzymes. MR-IMRCP showed dilated intrahepatic ducts and CBD stricture. Liver tumor board at Johns Hopkins Hospital described it as a tight stricture in proximal CBD without discrete mass. Oncology workup was negative for malignancy.

## EGD Findings

EGD not performed.  
  
**ESOPHAGUS:**  
Normal on limited views.  
  
**STOMACH:**  
Normal on limited views.

## ERCP Findings

Scout film showed previously placed plastic stents traversing the hilum. Duodenoscope advanced to major papilla without detailed examination of upper GI tract. Previously placed plastic stents removed using rat tooth forceps. Major papilla showed evidence of prior sphincterotomy. Biliary cannulation achieved using sphincterotome preloaded with Visiglide wire. Contrast injection under fluoroscopic guidance showed long tight stricture in proximal CBD involving hilum and extending to right and left intrahepatic ducts. Mild intrahepatic ductal dilation noted. Spyglass digital cholangioscope used to examine common bile duct, common hepatic duct, right and left intrahepatic ducts. Right intrahepatic duct not examined due to extensive strictures. Distal CBD appeared normal. Hilum and proximal CBD showed nodular appearance alongside narrowing and dilated tortuous vessels. Multiple SpyBite biopsies taken from this area. Serial balloon dilation of stricture performed using 4mm hurricane balloon to facilitate stent placement. 7 French 12cm plastic bile duct stent placed into right intrahepatic duct and 7 French 15cm plastic bile duct stent placed into left intrahepatic duct. Third stent could not be placed due to limited space. Final cholangiogram confirmed good positioning of stents.

## Impressions

1. Normal esophagus and stomach on limited views

2. Previously placed plastic stents removed

3. Long tight stricture in proximal CBD involving hilum and extending to right and left intrahepatic ducts

4. Mild intrahepatic ductal dilation

5. Nodular appearance and narrowing in hilum and proximal CBD with dilated tortuous vessels

6. Multiple SpyBite biopsies taken from hilum and proximal CBD

7. Serial balloon dilation of stricture performed

8. Placement of 7 French 12cm plastic bile duct stent into right intrahepatic duct and 7 French 15cm plastic bile duct stent into left intrahepatic duct

## Recommendations

1. Follow up pathology results.

2. Finish IV fluids now.

3. Pain control as needed.

4. Repeat ERCP in 3-4 months for stent removal/replacement.

5. Follow up with referring provider.