

TYPE OF ARTICLE: Clinical Case Series - 16 patients

TITLE: Novel, Integrated Rapid Exchange Pre-mounted, Single-Stent, Self-Detaching Delivery System for Biliary Stent Placement: Case Series of First-in-Human Experience.

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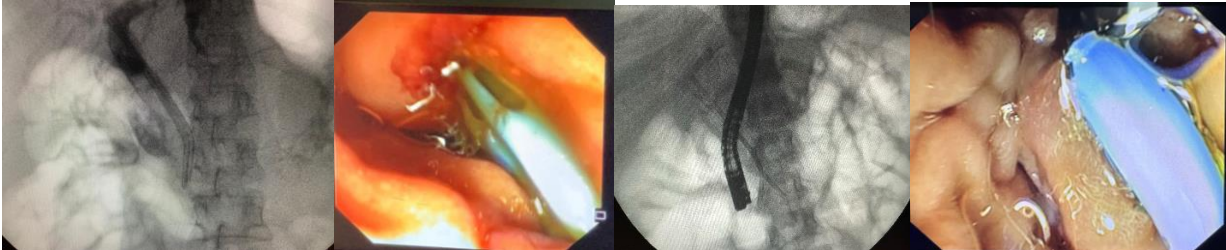
INTRODUCTION

Existing commercially available plastic biliary stent delivery systems may be limited by a loss of guidewire positioning after stent delivery, often seen in cases with difficult ductal access requiring additional intervention following initial stent placement. A novel biliary stent delivery system, with integrated rapid exchange and self-detaching mechanism, has been developed to address these limitations. **(S-PATH system by EndoGI Medical)**. Herein we present the outcomes of this novel stent delivery system as relates to the stent delivery, the localization of the stent within the bile duct, post-delivery wire in-situ fixation, the ability of the device to reach its location within the bile duct, and placement and location of the stent.

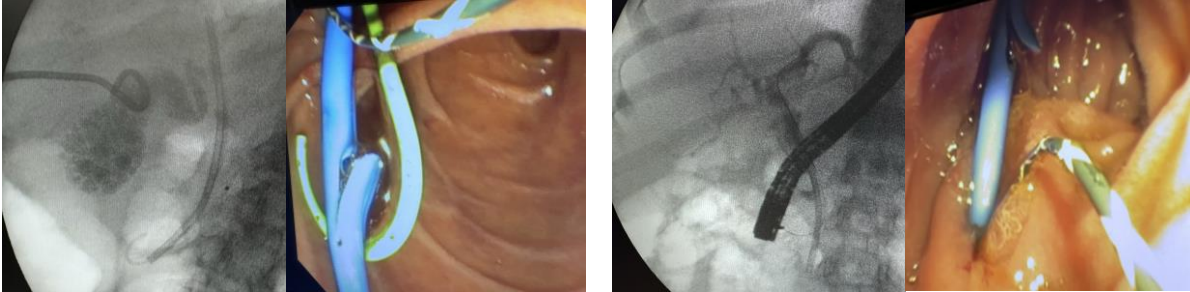
CASE SERIES

A series of 16 patients, ranging in age from 20-93 years old, underwent ERCP with biliary stent placement for management of biliary obstruction due to complicated biliary stone disease (n= 4), Mirizzi syndrome (n= 6), ampullary tumor (n=1), post-liver transplant anastomotic stricture (n=1), and common bile duct stricture (n=4). We describe the utilization of the novel stent delivery system for these diverse cases.

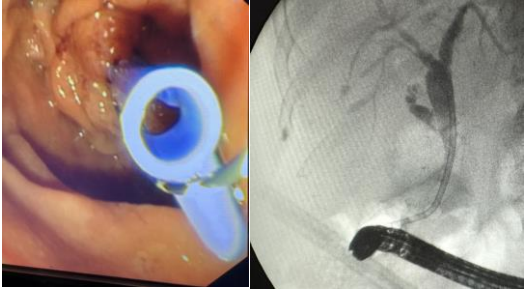
Complicated biliary stone disease



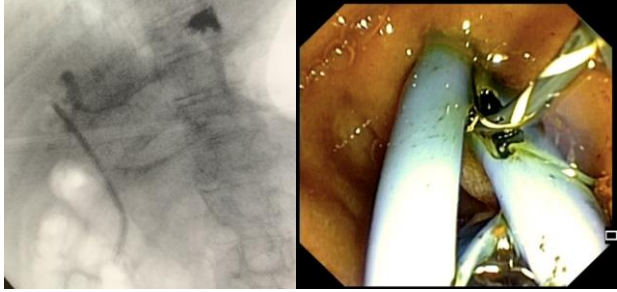
Mirrizi syndrome



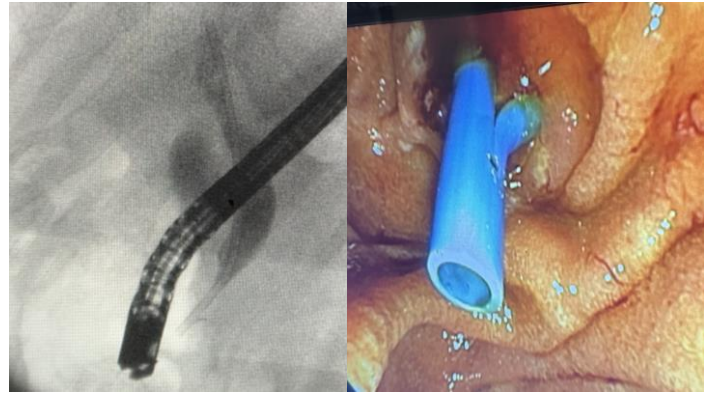
Ampullary tumor



Post Liver transplant anastomotic stricture



CBD Stricture



The system was used for stent placement with relative ease and all stents were successfully placed without guidewire dislocation. The delivery system allowed for the guidewire to remain within the common bile duct following initial stent placement.

CONCLUSION

The S-PATH system, a novel single stent delivery system was used to successfully place 10FR by 9cm plastic common bile duct stents. There were no procedural complications, and the S-PATH system allowed for continued guidewire access to the common bile duct and can reduce procedural time while ensuring secure and efficient ductal access while reducing risks involved with re-cannulation of the common bile duct.