Dense calculi formation resulting in impaction of pancreatic stent

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A 35-year-old male had pancreatic duct stenting using a 7 F single-pigtail 10-cm stent 11 years back for chronic pancreatitis. He was lost to follow up and presented recently with recurrent pain of 3 months duration. A computed tomography scan revealed a retained stent with dense calcification extending to side branches with the stent embedded within the calculi, filling the entire length of the pancreatic duct (Fig. 1a). Attempts to retrieve the stent endoscopically using rat tooth forceps, biliary balloon, a Soehendra dilator, and a stent passed parallel to the stent to fragment the calculi failed due to dense impaction and friability of the stent. He underwent surgery. At

operation, there were dense calculi in the pancreatic duct and side branches, and inseparable dense calcifications around the retained stent (Fig. 1b). The stent was completely occluded. The stent and calculi were removed, and he underwent lateral pancreatojejunostomy. Pancreatic duct stents, placed for various indications, are known to produce duct and parenchymal changes in 36 % to 50 % of cases [1]. Calcific intrapancreatic embedding of a pancreatic stent requiring surgical removal 10 years after initial deployment is reported [2]. To our knowledge, retrieval of a stent 11 years after the initial deployment has never been reported.

Fig. 1 a and b A CT scan picture and operative photograph showing the retained pancreatic stent with dense adherent calculi filling the main pancreatic duct and extending to its side branches

References

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