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Clinical Image

Misplaced Lumen apposing metallic stent (LAMS) leading to incomplete drainage of the infected pancreatic necrosis which was removed by open surgery.

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Description

A 35- year female with a history of gall stone-induced acute necrotizing pancreatitis was referred to us in the second week of illness, she was managed conservatively with antibiotics and supportive measures given sepsis for a week. CECT (contrast-enhanced computed tomography) abdomen showed walled-off pancreatic necrosis (WOPN) and the necrosis was abutting the antro-pyloric region of the stomach. Endoscopic lumen apposing metallic stent was placed following endoscopic ultrasonography. One week later patient's symptoms were not relieved and she had multi-organ failure requiring ventilator support and a repeat CECT scan showed a displaced LAMS [Fig-1], given her clinical condition, the patient was planned for endoscopic removal of the stent, which was a failure. A percutaneous catheter was placed to stabilize her clinical condition but her clinical condition did not improve. Giver her clinical condition patient was operated on. On midline laparotomy, multiple adhesions lesser sac was entered with great difficulty because of multiple adhesions and the stent was removed [Fig 2]. Postoperatively the patient was discharged on postoperative day 20. On follow-up, the patient has no symptoms.

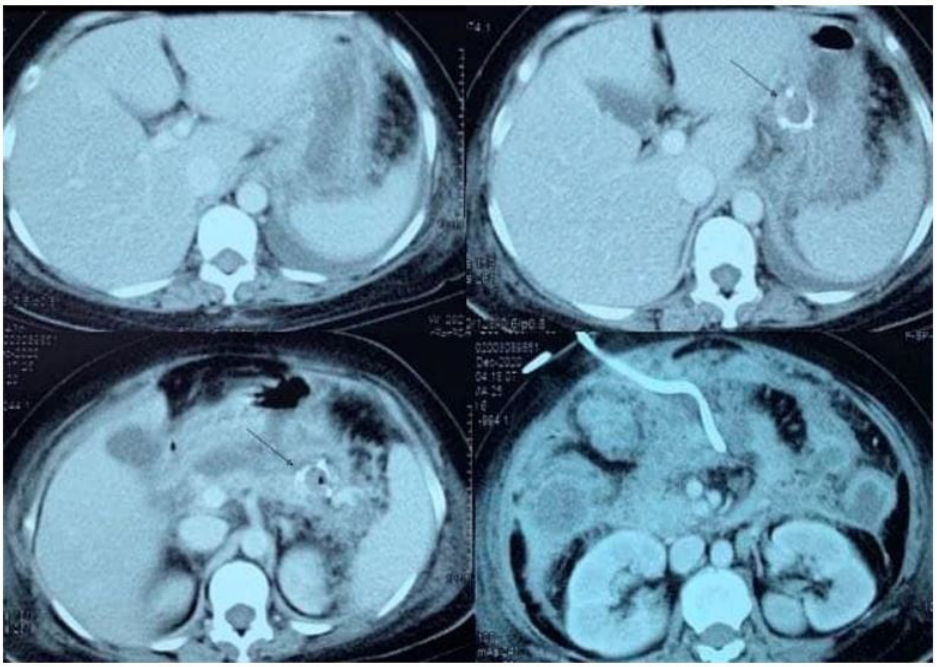

Figure 1: *Axial images of the CECT abdomen showing misplaced LAMS, Arrow showing misplaced stent near splenic hilum*

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Figure 2: *Removal of misplaced LAMS, Arrow showing misplaced stent*

Discussion

Lumen-apposing metal stents tend to be misplaced into the WOPN, however, to improve the patient's condition plastic stents can be placed and metallic stents can be retrieved later. There are reports of endoscopic removal of misplaced endoscopic stents, however, endoscopic removal could not be possible every time [1-3]. Surgery has the added advantage of removing the stent as well as necrotic tissue, however, it is associated with higher morbidity and mortality. To conclude LAMS can be misplaced, endoscopic retrieval has to be tried, if it fails surgery can be done once the patient's condition stabilizes.

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Research ethics: Informed consent has been obtained from the patient and study has been carried out as per the Helsinki declaration and institutional guidelines

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