CLINICAL IMAGE IN GASTROENTEROLOGY

Endobiliary radiofrequency for iatrogenic bile duct lesion and hilar cholangiocarcinoma

Radiofrecuencia endobiliar para lesiones iatrogénicas de la vía biliar y colangiocarcinoma hilar

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An 82-year-old man that had hilar biliary obstruction with right percutaneous internal-external biliary drainage (fig. 1A) underwent transluminal biliary forceps biopsy at the level of the hepatic hilum, resulting in iatrogenic injury (a small tear with a leak) to the bile duct with consequent intrahepatic collection (fig. 1B). The biopsy revealed malignant hilar cholangiocarcinoma, making the patient a candidate for palliative care. He underwent percutaneous endobiliary bipolar radiofrequency (Habib® EndoHPB; EMcision, London, UK) (fig. 1C) for: a) cauterizing the bile duct injury with the persistent intrahepatic collection, and b) prolonging stent patency through partial tumor ablation and consequent tumor growth delay. In the same operating session, the bile duct lesion was treated with endobiliary radiofrequency and self-expandable bare metal stents with a T-configuration (10 x 80 mm Zilver® Biliary Self-Expanding Stent, Cook Medical, Bloomington, IN, USA; and 10 x 100 mm LCD® Biliary Stent, Taewoong Medical Co., Republic of Korea) were placed, resulting in significant reduction in the size of the endobiliary tumor mass (fig. 1D). Clinical and ultrasound follow-up at 4 months revealed no complications.
**Ethical responsibilities**

*Protection of persons and animals.* The authors declare that no experiments were performed on humans or animals for this study.

*Data confidentiality.* The authors declare that no patient data appear in this article.

*Right to privacy and informed consent.* The authors declare that no patient data appear in this article.

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**Conflict of interest**

The authors declare that there is no conflict of interest.