Rendezvous recanalization of a postoperative coloanal anastomotic dehiscence with a lumen-apposing metal stent

LAMSs have been successfully used for the recanalization of complete colorectal anastomotic obstructions [1, 2]. However, there are no reports of using LAMSs in the treatment of coloanal anastomotic dehiscence.

A 51-year-old man with a rectosigmoid tumor underwent low anterior resection. His surgery was then complicated by leakage, which was treated by proctectomy, coloanal anastomosis, and creation of a diverting ileostomy. On follow-up sigmoidoscopy, the anastomosis appeared to have dehisced and no lumen to the proximal colon was identified. Therefore, a rendezvous approach was planned for the treatment of coloanal anastomotic dehiscence.

An upper gastrointestinal (GI) endoscope was advanced transanally to the coloanal anastomosis, while a pediatric colonoscope was advanced towards the anastomosis through the loop ileostomy (Fig. 1). With the use of fluoroscopic guidance and transillumination, the dehiscent coloanal anastomosis was identified. A guidewire was advanced in an antegrade direction and was captured from the anus. A 15×10-mm LAMS was then inserted over the wire from the anal side and successfully deployed across the anastomosis (Fig. 2 and Fig. 3; Video 1). The patient was discharged home in good condition 1 day after the procedure. After 2 months, a flexible sigmoidoscopy was carried out, in which the stent was removed with a forceps. The upper GI endoscope was advanced to a point proximal to the anastomosis, which was noted to be widely patent (Fig. 4). The stent was then reloaded into the therapeutic upper

► Fig. 1 Fluoroscopic image showing the rendezvous approach.
► Fig. 2 Endoscopic view showing proper deployment of the stent across the dehiscence.
► Fig. 3 Fluoroscopic image showing the lumen-apposing metal stent in situ.
► Fig. 4 Endoscopic view showing the patent anastomosis after stent removal.

Video 1 The video shows the rendezvous approach being used to recanalize a coloanal anastomotic dehiscence with a lumen-apposing metal stent.
GI endoscope and redeployed across the anastomosis to ensure the area remained patent. After 4 months, the stent was removed following ileostomy reversal. The patient continues to do well after 3 months of follow-up.

In conclusion, treatment of postoperative coloanal anastomotic dehiscence using a LAMS placed via the rendezvous technique is feasible and effective.

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Competing interests

Mouen A. Khashab is a consultant and on the medical advisory board for Boston Scientific and Olympus. The remaining authors have nothing to disclose.

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