Various methods are available for the endoscopic treatment of benign strictures in the upper gastrointestinal tract. The most common is the sequential use of Savary-Gillard bougies after passing a guidewire through the stricture [1]. The main problem with this method is the lack of direct visual control of the bougienage procedure [2]. BougieCaps (Ovesco Endoscopy AG, Tübingen, Germany) are single-use caps of different sizes that can be attached to an endoscope. Bougienage is carried out by advancing the endoscope through the stenosis while allowing good visualization of the surrounding tissue [3].

Our aim was to present our first experience of stricture dilation with the BougieCap. We selected a 58-year-old man with a peptic stricture who had already undergone multiple dilations, with persistent dysphagia. Our patient presented an esophageal stricture with an estimated luminal diameter of 4 mm that could not be passed with a 5.4 mm gastroscope. The 8 mm BougieCap was attached to the 5.4 mm gastroscope tip (▶ Fig. 1) and placed proximally to the stricture. A nitinol guidewire was advanced through the cap and past the stricture. Bougienage was accomplished by advancing the scope through the stricture using gentle rotation movements. The procedure was sequentially repeated with a 10 mm BougieCap (5.4 mm gastroscope) and then a 12 mm BougieCap (9.2 mm gastroscope) (▶ Video 1). Inspection without the BougieCap was done at the end of the procedure. Completion of the procedure with a 14 mm and 16 mm BougieCap was scheduled 3 weeks later; however, a 5 mm stricture was recognized and the previous sequence was repeated (8, 10, and 12 mm BougieCaps).

There were no immediate or delayed complications in either procedure. The procedure time was 31 minutes in the first session and 16 minutes in the final session. BougieCap is a safe and easy new therapeutic method for dilation of esophageal benign strictures under direct visualization.

Endoscopy_UCTN_Code_TTT_1AO_2AH

Competing interests

None

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DOI https://doi.org/10.1055/a-0889-7476
Published online: 9.5.2019
Endoscopy 2019; 51: E251–E252
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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