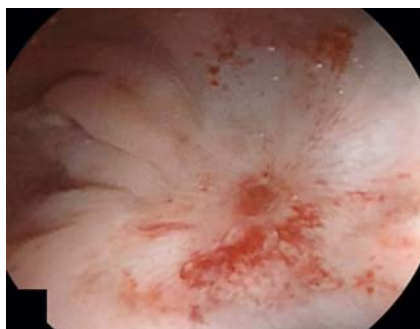


Recanalization of a complete colorectal anastomotic stenosis: an application of the Hot AXIOS stent

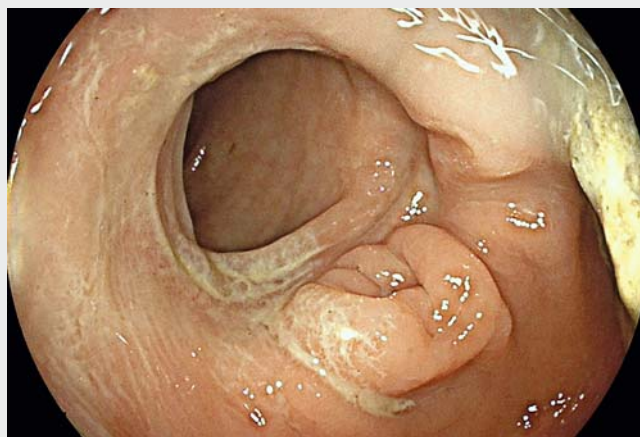


► **Fig. 1** Endoscopic image showing complete obstruction of the colorectal anastomosis.



► **Fig. 2** Endoscopic ultrasound image showing the distal anchor flange of the lumen-apposing metal stent being released.

A 43-year-old woman underwent emergency surgery for a neoplastic colonic perforation. A sigmoidectomy with colorectal anastomosis protected by an ileostomy was performed. Pathological findings showed a well differentiated pt4N1aM0 adenocarcinoma. FOLFOX adjuvant chemotherapy was given. At endoscopy, 3 months later, a complete anastomotic stenosis was detected (► **Fig. 1**). After discussion with the surgical team, it was decided to proceed with endoscopic management using a lumen-apposing metal stent (LAMS), as described in previous cases[1, 2]. A therapeutic linear echoendoscope (EG-580UT; Fujifilm, Tokyo, Japan) was positioned in the rectum. After the supraste-



► **Video 1** Recanalization of a complete colorectal anastomotic stenosis using a cautery-enhanced lumen-apposing metal stent.



► **Fig. 3** Endoscopic image showing the successfully deployed lumen-apposing metal stent.



► **Fig. 4** Image during a follow-up endoscopy 1 month after the lumen-apposing metal stent had been removed showing recanalization of the colon.

notic colon had been identified with the echoendoscope, a 19G needle (Boston Scientific Corp.) was inserted into the center of the stenosis. Opacification under fluoroscopic control confirmed the correct positioning of the needle and allowed the upstream colon to be filled. A 0.035-inch guidewire (Jagwire; Boston Scientific Corp.) was inserted into the left colon. A 15×10-mm cautery-enhanced LAMS (Hot AXIOS; Boston Scientific Corp.) was deployed using pure cutting current, without any complications

(► **Fig. 2** and ► **Fig. 3**). The stent was removed 1 month later with a grasper, leaving a large anastomosis. There was no recurrence of the stenosis on endoscopic follow-ups at 1 month (► **Fig. 4**) and 1 year (► **Video 1**). This case demonstrates that a LAMS is also useful in postoperative benign strictures and may avoid the need for surgery.

Endoscopy_UCTN_Code_TTT_1AQ_2AF

Competing interests

P.G. has a consultant relationship with Boston Scientific.

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Endoscopy 2021; 53: E126–E127
DOI 10.1055/a-1215-9947
ISSN 0013-726X
published online 5.8.2020
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Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

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