Complete esophageal strictures are rare and pose technical challenges in management. We present a case of a 34-year-old man with a long-standing history of uncontrolled gastroesophageal reflux disease (GERD) who was referred for management of a complete esophageal stricture. Prior to his presentation, a gastrostomy tube was placed surgically owing to severe malnutrition. Esophagogastroduodenoscopy revealed a complete esophageal stricture at 35 cm from the incisors without a clear luminal opening (▶ Fig. 1). Contrast was instilled and fluoroscopically confirmed the endoscopic findings of a complete esophageal stricture. The decision was made to attempt endoscopic ultrasound (EUS)-guided placement of a lumen-apposing metal stent (LAMS). Initial endosonographic evaluation did not reveal a clear window to target a safe recanalization attempt (▶ Fig. 2). The gastrostomy tube was used to instill copious amount of sterile water to distend the stomach allowing a target for LAMS placement under fluoroscopic and endosonographic guidance (▶ Fig. 3). Once a safe window was achieved, a 19G needle puncture was performed into the gastric lumen (▶ Fig. 4). The LAMS was then deployed over the guidewire using electrocautery, and the fluid instilled into the stomach was seen passing through the stent (▶ Fig. 5). The LAMS was then dilated using the through-the-scope esophageal balloon dilator up to 10 mm. At 4 weeks post-procedure, the patient is tolerating a soft diet and has gained 16 pounds.

Gastrostomies have been utilized to recanalize complete esophageal strictures using an antegrade and retrograde endoscopic approach for proximal strictures [1, 2]. In our case, the gastrostomy tube was used to create a pocket of fluid in the stomach to allow a target for LAMS deployment in the distal esophagus (▶ Video 1).

EUS-guided recanalization using a LAMS is an efficacious and safe option for patients with complete esophageal strictures. These interventions may prevent the need for more invasive surgical interventions.

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Competing interests

The authors declare that they have no conflict of interest.

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