First treatment of Crohn’s disease refractory anastomotic stricture with a lumen-apposing metallic stent suitable for colonoscopy

A 58-year-old patient with Crohn’s disease and prior ileocecal resection, experienced repeated bouts of bowel occlusion related to a short and fibrotic anastomotic stricture despite several endoscopic dilations. To avoid further surgery, endoscopic stenting was chosen to relieve symptoms and prevent relapses. Colonoscopy was performed under general anesthesia (▶ Video 1). The stricture was located 80 cm from the anal margin and could not be passed by the colonoscope (▶ Fig. 1). Stricture diameter and length were 0.5 cm and 1 cm, respectively, when measured using contrast injection and traction with an extraction balloon under X-ray control (▶ Fig. 2). A guidewire and fully covered lumen-apposing metallic stent (LAMS; Niti-S-SPAXUS; Taewoong Medical, Gyeonggi-do, South Korea) were inserted through the stricture (▶ Fig. 3, ▶ Fig. 4). The delivery system allowed deployment of the distal flange in the ileum and the proximal flange in the colon (▶ Fig. 5). No immediate complications occurred. The patient experienced immediate relief and remained symptom free after 4 months of follow-up.

Endoscopic stents are commonly used to treat benign strictures, especially in the esophagus. However, endoscopic stenting in Crohn’s strictures has often been disappointing due to high rates of migration [1, 2]. The design of LAMS reduces the risk of migration while allowing removal when necessary. Despite promising early results showing the efficacy of LAMS in Crohn’s strictures [3–5], widespread use has not followed, partly because the short delivery catheter of the currently used model (AXIOS; Boston Scientific, Marlborough, Massachusetts, USA) is only compatible with gastroscopes.

The Niti-S-SPAXUS stent has a 180-cm delivery system that is compatible with colonoscopes, making it particularly suitable for benign refractory strictures remotely located in the colon, such as anastomotic Crohn’s strictures.

To our knowledge, this is the first use of this stent in this indication. Being able to use LAMS during colonic examination might ease and increase the use of this effective treatment.

Endoscopy_UCTN_Code_TTT_1AQ_2AJ
Competing interests

The authors declare that they have no conflict of interest.

The authors

Gabriel Marcellier1, Diane Lorenzo1, Abdellah Hedjoudje1, Benedicte Jais1, Yoram Bouhnik1, Frederic Prat1
1 Endoscopy Unit, Beaujon Hospital, Clichy, France
2 Gastroenterology and Nutrition Support Department, Department of Gastroenterology, Beaujon Hospital, Clichy, France

Corresponding author

Gabriel Marcellier, MD
Endoscopy Unit, Beaujon Hospital, 100 Boulevard du Général Leclerc, 92110 Clichy, France
gabriel.marcellier@aphp.fr

References


Bibliography

Endoscopy
DOI 10.1055/a-1559-1279
ISSN 0013-726X
published online 2021
© 2021, Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This document was downloaded for personal use only. Unauthorized distribution is strictly prohibited.