Malignant duodenocolic fistula successfully treated with self-expandable partially covered metal stent and endoscopic suturing

Duodenocolic fistula is a rare complication of right-sided colon cancer and its management can be challenging because of surgery-related morbidity, especially in fragile patients in a palliative care setting [1]. Endoscopic treatment with self-expandable metal stents (SEMSs) is still a feasible and safe option in patients with poor performance status, but the risk of stent migration is not negligible [2]. We describe a case of an 83-year-old man affected by incurable colon cancer, who presented with weight loss, abdominal pain and diarrhea. Computed tomography (CT) and a subsequent fluoroscopic contrast study showed passage of contrast medium from duodenum to ascending colon (Fig.1). Upper endoscopy revealed a large infiltrating, non-stenosing lesion in the wall of the proximal duodenum, fistulizing with the ascending colon (Fig.2). We decided upon an endoscopic treatment: a through-the-scope clip was placed in the distal duodenum as a radiopaque marker, and a partially covered SEMS, 120 mm in length, was deployed (Video 1). We then placed an overtube to safely introduce the suturing device (OverStitch; Apollo Endosurgery, Austin, Texas, US) attached to the tip of a double-channel endoscope (GIF-2TH180, Olympus, Tokyo, Japan), in order to fix the proximal side of the stent to the gastric wall (Fig.3). The procedure was uncomplicated and the patient resumed a soft diet after 24 hours. After 3 days the patient was discharged, and a regular oral intake was maintained until he died 4 months later because of disease progression.

In patients with malignant fistula, a covered SEMS is mandatory in order to restore the integrity of gastrointestinal wall, but the migration rate is still high, ranging from 6.5% to 32.3% [3]. The risk of migration is even greater when a fistula develops without a significant stricture. Endoscopic suturing devices can thus represent a useful tool, reducing the risk of stent migration and related complications within a single-session procedure [4, 5].
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Competing interests

The authors declare that they have no conflict of interest.

The authors

Marco Sacco, Marcantonio Gesualdo, Federica Fimiano, Anna Mauriello, Fabio Castellano, Stefania Caronna, Claudio De Angelis
Gastroenterology Unit, AOU Città della Salute e della Scienza di Torino, Turin, Italy

Corresponding author

Marco Sacco, MD
Gastroenterology Unit, AOU Città della Salute e della Scienza di Torino, Corso Bramante 88, 10126 Turin, Italy
Fax: +39-011-6336752
marco.sacco10@gmail.com

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Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany