Self-expandable metallic stent deployment across the ileocecal valve in a patient with an acute colonic obstruction

Although self-expandable metallic stent (SEMS) deployment is a treatment option for proximal malignant colonic obstructions, it remains a challenging procedure [1–3]. When the malignant colonic obstruction is close to the ileocecal valve, it is impossible to maintain a 2.0 cm safety margin on the oral end of the SEMS [1–3]. This article describes the deployment of SEMS across the ileocecal valve in a patient with acute malignant colonic obstruction.

A 71-year-old man with abdominal distension and pain was referred to our department. Abdominal computed tomography revealed dilatation of the small intestine caused by a tumor close to the ileocecal valve. Urgent SEMS deployment was carried out to decompress the small intestine (▶Video 1), but maintaining the 2.0 cm safety margin at the oral end of the SEMS was impossible (▶Fig. 1). We then attempted to advance the guidewire across the ileocecal valve. In such cases, the guidewire trajectory must be bent at 90° to pass through the ileocecal valve. Therefore, we first advanced a bendable catheter (SwingTip; Olympus, Tokyo, Japan) [4] with a long flexible-tip guidewire (0.025-inch, Visi-Glide 2; Olympus, Tokyo, Japan). However, the guidewire became coiled in the cecum [5]. We then used an ultra-hydrophilic coated guidewire (0.032-inch, Radifocus Guide Wire M; Terumo, Tokyo, Japan), which was able to pass through the ileocecal valve (▶Fig. 1a). Finally, we deployed two SEMSs (each 12 cm, Niti-S Enteral Colonic Uncovered Stent; Taewoong Medical, Gimpo-si, South Korea) across the ileocecal valve under the guidewire without any complication (▶Fig. 1b, c, ▶Fig. 2). The patient underwent primary laparoscopic surgery 2 weeks after the intestinal decompression.

E-Videos

Video 1 Deployment of self-expandable metallic stent across the ileocecal valve (ICV) in a patient with acute malignant colonic obstruction (MCO).

Competing interests

The authors declare that they have no conflict of interest.

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Bibliography