

Insertion of a self-expanding metal stent for a stomal stenosis

Stenosis is one of the major complications of a gastrointestinal stoma, yet its treatment is not well established [1–3]. We report a case of stomal stenosis that improved after insertion of a temporary self-expanding metal stent (SEMS). A 61-year-old woman presented with a stoma that had been malfunctioning for 2 months. She had been diagnosed with recurrent cervical cancer and admitted 7 months previously because of life-threatening rectal bleeding. The bleeding had come from a branch of the internal iliac artery and had passed through a tract formed between the rectum and the recurrent cervical cancer by a necrotic abscess. She had been treated with emergent transarterial embolization and coiling and had subsequently undergone a T-loop transverse colostomy with stoma formation to prevent stool passing into the tract. For the past 2 months, however, her stools had been mainly passing out through her urethra and anus, rather than through the stoma.

A computed tomography (CT) scan revealed a tight stenosis at the stoma (▶ Fig. 1). We therefore inserted a custom-built SEMS (morning glory-shaped distal end, partially covered, 8cm in length, 22mm in diameter; Hanarostent; M.I.Tech, Seoul, South Korea) into the stomal tract. The SEMS was fixed to the stomal opening with a baseplate for stomal care (SenSura Click; Coloplast Ltd., Hong Kong, China; ▶ Fig. 2). She was commenced on a stool softener and the SEMS was passed from the stomal tract with the stool 3 days later.

We reinserted another custom-built, large-sized SEMS (distal flared, fully covered, 12cm in length, 28mm in diameter; Hanarostent; M.I.Tech) into the stomal tract using fluoroscopic guidance (▶ Fig. 3). The SEMS was fixed to the stomal opening with a surgical thread, a plastic ring, and a baseplate for stomal care (▶ Fig. 4). Following this, her stools were mainly passed through the SEMS, which was kept in position for 2 weeks (▶ Fig. 5). Although the functioning of her stoma was maintained for over 2 months, the patient died because of cancer complications.



Fig. 1 Computed tomography (CT) scan demonstrating a tight stenosis at the stoma (white arrow) in: **a** axial view; **b** sagittal view.

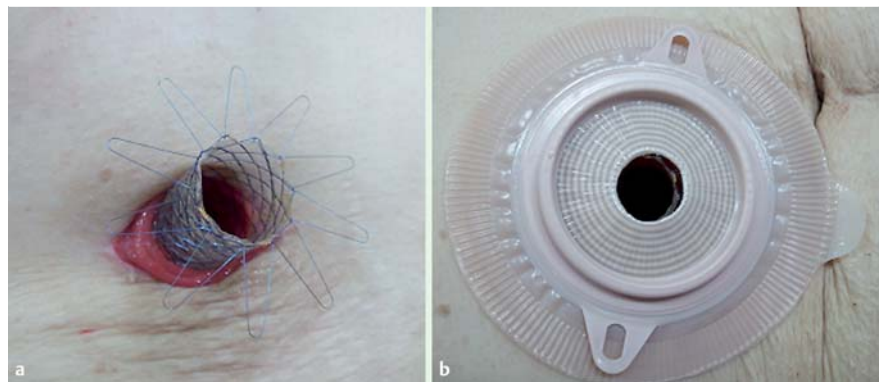


Fig. 2 Photographs during and after insertion of the self-expanding metal stent (SEMS) showing: **a** the morning glory-shaped, external end of the SEMS; **b** the baseplate for stomal care, to which the external end of the SEMS was fixed.

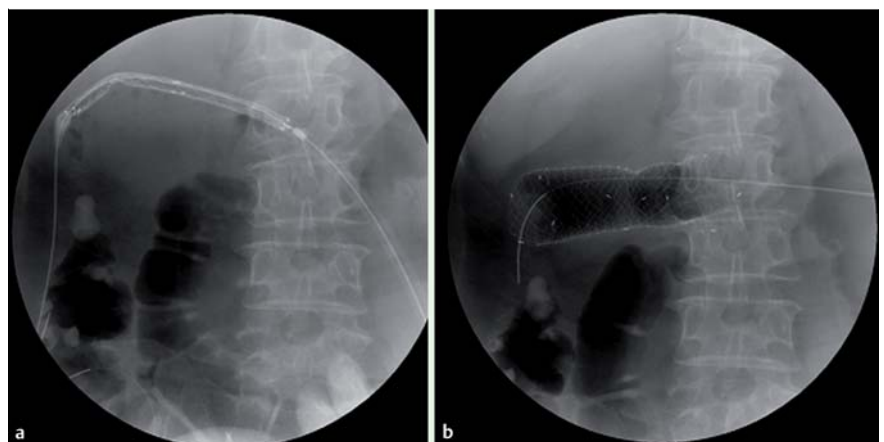


Fig. 3 Fluoroscopic views during the insertion of the second self-expanding metal stent (SEMS) showing: **a** the SEMS being inserted; **b** the expanded SEMS in situ.

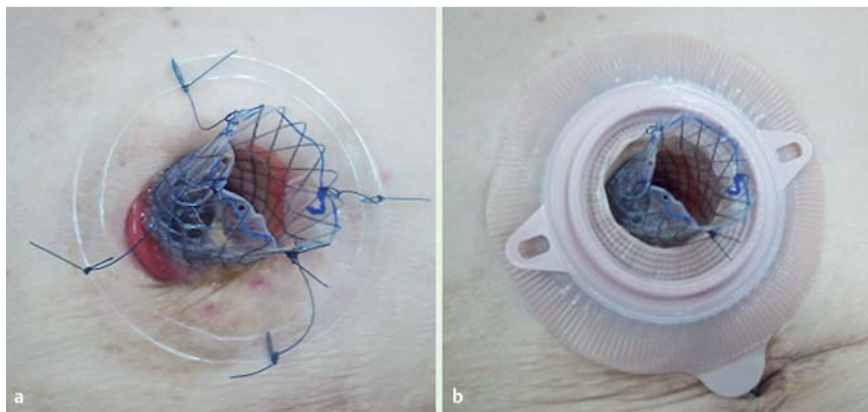


Fig. 4 Photographs of the stoma showing: **a** the external end of the large-sized, distal-flared SEMS after suturing to the plastic ring; **b** the baseplate for stomal care in position around the stoma and SEMS.



Fig. 5 Abdominal radiograph showing the position of the self-expanding metal stent (SEMS; black arrow) after insertion.

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Competing interests: None

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References

- 1 Robertson I, Eung E, Hughes D et al. Prospective analysis of stoma related complications. *Colorectal Dis* 2005; 7: 279–285
- 2 Duchesne JC, Wang YZ, Weintraub SL et al. Stoma complications: a multivariate analysis. *Am Surg* 2002; 68: 961–966
- 3 Shabbir J, Britton DC. Stoma complications: a literature overview. *Colorectal Dis* 2010; 12: 958–964

Bibliography

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