

Two stents for simultaneous esophageal and gastric cancer

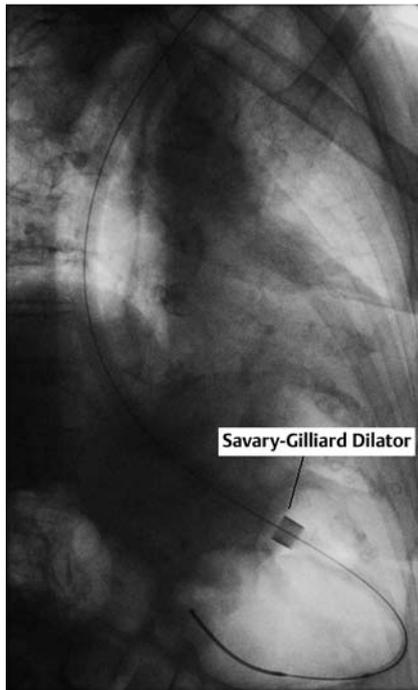


Fig. 1 Savary-Gilliard dilation of the gastrointestinal junction obstructed by tumor in a 91-year-old woman.

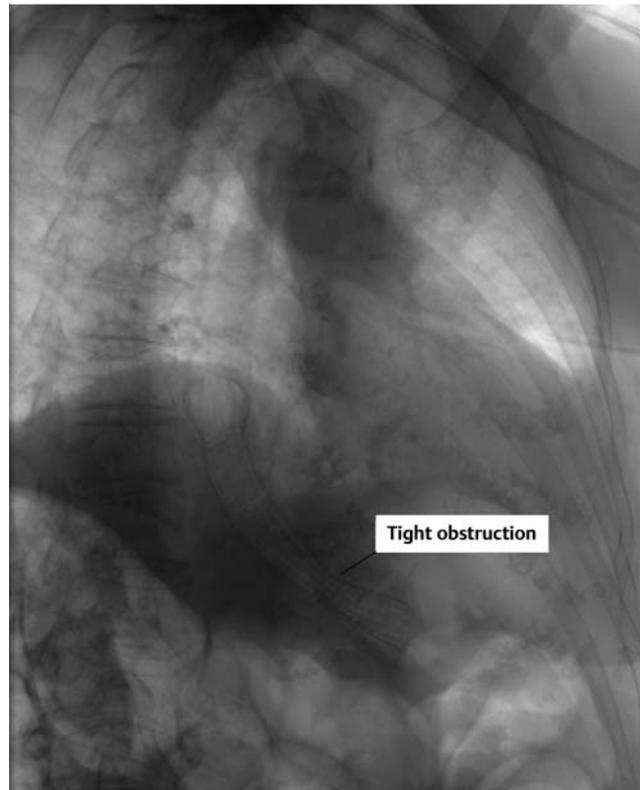


Fig. 3 Tight obstruction at the gastrointestinal junction. The stent did not open fully at first.



Fig. 2 Synchronous tumor in the gastric antrum: prepyloric and also nearly obstructing.

Simultaneous isolated tumors of the esophagus and stomach can occur as synchronous tumors or as intramural metastases of one of the tumors. Although most esophageal and gastric cancers share some risk factors, and although they are the most frequently associated cancers, actual synchronicity is very rare [1,2]. We describe the first case of synchronous

endoscopic insertion of stents for synchronous obstructing tumors.

A 91-year-old woman was admitted to an outside hospital with progressive solid-food dysphagia, vomiting, and weight loss. Upper endoscopy showed an obstructing tumor at the gastrointestinal junction. Due to her advanced age and high surgical risk, the patient was transferred to our institution for palliative stent placement.

On repeat endoscopy, the tumor at the gastrointestinal junction (squamous cell carcinoma) nearly obstructed passage of the gastroscop. A Savary-Gilliard dilation up to 11 mm was performed (Fig. 1), allowing the gastroscop to pass. However, in the gastric antrum, a second, prepyloric and also nearly obstructing synchronous tumor was discovered (Fig. 2). Although with difficulty, the gastroscop was passed into the duodenum.

After discussion, we decided to insert two separate stents. A therapeutic gastroscop could not be passed through the

obstruction at the gastrointestinal junction, so a first stent (Ultraflex, partially covered, 100/18 mm; Boston Scientific, Natick, Massachusetts, USA) was inserted across the junction. The obstruction was so tight that the stent would not open fully and a therapeutic scope could not pass (Fig. 3). The procedure was stopped and a new examination was scheduled for the following week in order to allow the nitinol stent to open fully with time.

On the third endoscopy, the therapeutic scope now easily passed through the gastrointestinal junction stent, and a second stent (pyloroduodenal Wallstent, 90/22 mm; Boston Scientific) was inserted across the second, prepyloric tumor (an adenocarcinoma) (Fig. 4).

Two months later, the patient was alive and eating solid food without dysphagia or vomiting.

Endoscopy_UCTN_Code_TTT_1AO_2AZ

Competing interests: None

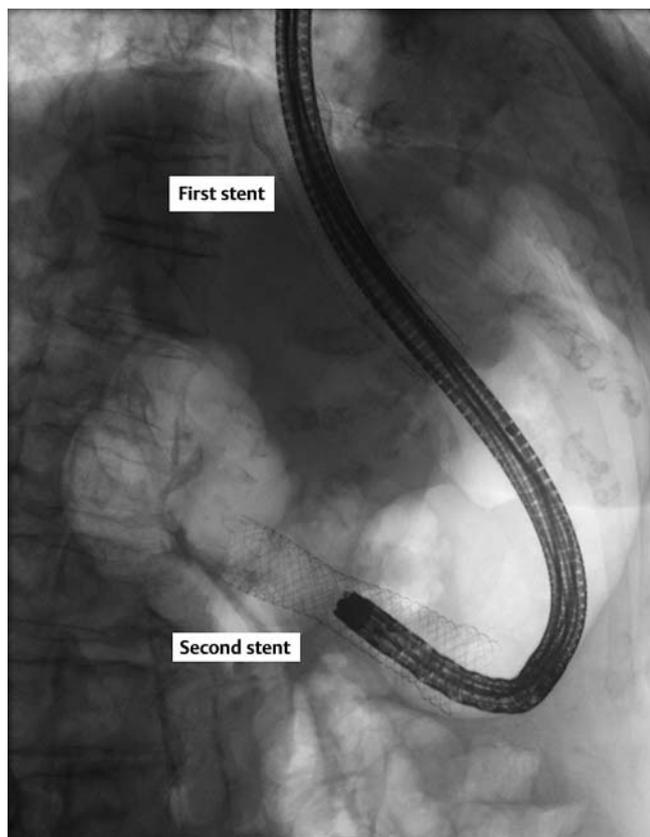


Fig. 4 One week later, the nitinol stent had opened fully and the therapeutic scope easily passed across both stents.

Iyad Khamaysi, Ian M. Gralnek

Department of Gastroenterology,
Rambam Health Care Campus and
Rappaport Faculty of Medicine, Technion-
Israel Institute of Technology, Haifa, Israel

References

- 1 *Pasławski M, Złomaniec J, Rucińska E et al.* Synchronous primary esophageal and gastric cancers. *Ann Univ Mariae Curie Skłodowska Med* 2004; 59: 406–410
- 2 *Koide N, Adachi W, Koike S et al.* Synchronous gastric tumors associated with esophageal cancer: a retrospective study of twenty-four patients. *Am J Gastroenterol* 1998; 93: 758–762

Bibliography

DOI <http://dx.doi.org/10.1055/s-0033-1359124>
Endoscopy 2014; 46: E101–E102
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author

Iyad Khamaysi, MD
Department of Gastroenterology
Rambam Medical Center
Haifa 31096
Israel
Fax: +972-4-8543058
k_iyad@rambam.health.gov.il