Redeployment of proximally misplaced self-expandable metallic stent in an inoperable esophageal carcinoma, using an overtube technique

Placement of self-expandable metallic stents (SEMSs) has been demonstrated to be a safe palliative procedure for patients with inoperable esophageal cancer and dysphagia [1,2]. When deployed distally from the stricture, most SEMSs can be repositioned endoscopically by pulling the lasso attached to the proximal end of the SEMS. However, if the deployment of the SEMS is completely proximal from the stricture, endoscopic repositioning of the SEMS is challenging. We report here a novel method for redeploying a proximally misplaced SEMS using an overtube.

A 70-year-old man attended our institution because of progressive dysphagia and weight loss. Upper endoscopy showed an esophageal tumor near the esophagogastric junction. Abdominal ultrasonography showed multiple liver tumors. Histopathological investigation confirmed the diagnosis of esophageal carcinoma with liver metastasis.

A SEMS (Evolution, 12 cm; Cook Endoscopy, Winston-Salem, North Carolina, USA) was placed for the palliative treatment of dysphagia. However, the SEMS was misplaced in a position proximal to the esophageal carcinoma (Fig. 1). Because the SEMS could not be repositioned distally after full deployment, a self-made transparent overtube with an internal diameter of 6 mm was used to retract the SEMS. A guidewire (Jagwire; Boston
Scientific Corporation, Natick, Massachusetts, USA) was inserted from the outer side of the lasso loop as far as the lumen of the SEMS. A retrieval basket was then used to grasp the distal end of the guidewire. The guidewire was then retrieved by the basket from the other side of the lasso so that it formed a U-shaped link through the lasso loop. Both ends of the guidewire were grasped and pulled into the overtube (Fig. 2). The SEMS was then successfully retracted into the overtube as we pushed down on the overtube while simultaneously pulling out the guidewire (Fig. 3). The retracted SEMS was now inside the overtube. The modified inner shaft of the delivery device (outer diameter 5 mm; Fig. 4) was then used to push the SEMS in order to successfully redeploy the SEMS, under fluoroscopic control, at the correct position (Fig. 5).

Competing interests: None

References


Corresponding author

Sheng-Lei Yan, MD, PhD
Division of Gastroenterology, Department of Internal Medicine
Chang Bing Show-Chwan Memorial Hospital
No 6, Lugong Rd, Lugang Township
Changhua County 505
Taiwan
Fax: +886-4-7812401
yslcsmc@yahoo.com