Temporary placement of a fully covered self-expanding metal stent to allow therapeutic ERCP

Benedetto Mangiavillano[1], Deborah A. Fisher[2], Massimo Conio[1]

[1] Gastroenterology and Gastrointestinal Endoscopy, General Hospital, Sanremo, Italy

[2] Division of Gastroenterology, Durham Veterans Affairs Medical Center, Duke University, Durham, North Carolina, United States

A 64-year-old man with a previous history of laryngectomy followed by chemo- and radiotherapy was referred to us in January 2014 because of dysphagia. Endoscopy detected a 4-cm-long benign-appearing stricture in the hypopharynx (diameter 7 mm) and a 6-cm-long malignant circumferential lesion in the mid-esophagus (diameter 8 mm).

The patient was judged to be unfit for surgery, and therefore a fully covered self-expandable metal stent (FC-SEMS), 180 × 80 mm, was placed. Through-the-scope balloon dilation (CRE 10–11–12 mm; Microvasive, Boston Scientific Co., Natick, Massachusetts, United States) of the hypopharyngeal stricture was performed.

In February 2014 the patient developed a relapse of the hypopharyngeal stricture and jaundice due to compression of the common bile duct by the lymph nodes. Through-the-scope dilation of the stricture was performed, and a 14 × 16 × 100 mm FC-SEMS (Conio-Niti-S; Taewoong Medical, Seoul, Korea) was placed. The stent was removed 48 hours later immediately before therapeutic endoscopic retrograde cholangiopancreatography (ERCP). The duodenoscope could be easily inserted through the hypopharyngeal stricture, and ERCP revealed a 3-cm stricture (diameter 1 mm) of the common bile duct. A 60 × 10-mm biliary SEMS was placed at the biliary stricture.

Refractory hypopharyngeal stenosis is the most frequent long-term complication after laryngectomy followed by radiotherapy [1,2]. A stricture in the proximal esophagus occurs in 10% – 58% of these patients [3]. Introduction of a dedicated and effective hypopharyngeal removable SEMS has changed the endoscopic therapy of these patients [4]. In this case, it enabled the endoscopic palliation of a biliary stricture, by allowing for the passage of the duodenoscope through a previously severely stenosed esophagus (▶ **Video 1**).

Video 1

Temporary placement of a fully covered, self-expandable, metal stent at an esophageal stricture enabled passage of the duodenoscope for therapeutic endoscopic retrograde cholangiopancreatography.

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Competing interests: None

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Corresponding author

Benedetto Mangiavillano, MD
Gastroenterology and Gastrointestinal Endoscopy
Borea Hospital
Via Giovanni Borea n°56
18038 – Sanremo (IM)
Italy
b_mangiavillano@hotmail.com

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