A 73-year-old man underwent a total gastrectomy plus splenectomy for a gastric adenocarcinoma (T3N1M0). At the early postoperative stage, the patient presented an esophagojejunostomy leak (>1 cm diameter; Fig. 1a). Medical management and endoscopic treatment were considered first. A customized, partially covered biodegradable stent (Fig. 1b) (Ella Stent; ELA-CS, Hradec Kralove, Czech Republic; diameter 31/25/31 mm, length 110 mm) was successfully placed under fluoroscopic and endoscopic guidance 5 weeks after surgery. At follow-up with endoscopic monitoring at 4 days (Fig. 1c, d), 20 days, and 2 months (Fig. 1e) after stent placement, adherence of each noncovered stent end (proximally and distally) was observed, as was an intrastent fold causing partial obstruction of the stent’s lumen. Balloon dilation up to 20 mm was performed without incident, improving the luminal patency of the stent. The patient felt progressively better, and oral feeding was started after barium transit had shown nonleakage of the lumen with resolution of the dehiscence (Fig. 1f). Upper endoscopy 14 weeks later confirmed the total disappearance of the biodegradable stent and sealing of the anastomotic leakage. A granular appearance of the mucosa was identified in the area where the noncovered stent ends had adhered (Video 1). The patient had a favorable outcome and he is currently tolerating most kinds of food.

Anastomotic leakage of an esophagojejunal anastomosis after total gastrectomy is a severe complication associated with high mortality. In this situation, the use of self-expanding metal stents (SEMSs), fully or partially covered, has been reported to have a high stent-related adverse event rate [1–3]. Partially covered biodegradable stents could overcome some of the problems encountered with SEMSs. Their main advantage over SEMSs is that endoscopic removal is not needed. But up to the present time, the only commercially available biodegradable stents are uncovered or fully covered [1–5].
Endoscopy_UCTN_Code_TTT_1AO_2AI

Competing interests: None

Joan B. Gornals1, Laura Rivas1, Humberto Aranda2, Monica Miro2, Maica Galan3

1 Endoscopy Unit, Department of Digestive Diseases, Hospital Universitari de Bellvitge-IDIBELL, Barcelona, Spain
2 Department of Surgery, Hospital Universitari de Bellvitge-IDIBELL, Barcelona, Spain
3 Department of Medical Oncology, Institut Català d’Oncologia DiR-IDIBELL, Barcelona, Spain

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1390864
Endoscopy 2015; 47: E137–E138
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
Joan B. Gornals, MD, PhD
Endoscopy Unit
Department of Digestive Diseases
Hospital Universitari de Bellvitge-IDIBELL
Feixa Llarga s/n
08907 L’Hospitalet de Llobregat
Barcelona
Spain
Fax: +34-93-2607681
jgornals@bellvitgehospital.cat