Benign distal jejunal stricture treated by a partially covered esophageal stent with the use of spiral enteroscopy

Dilator; Boston Scientific, Natick, Massachusetts, USA) was performed (Fig. 2). Despite progressive dilation over 6 weeks, the patient had a further episode of bowel obstruction. Following a discussion of the therapeutic options, the patient declined surgery and elected endoscopic therapy with the insertion of a self-expandable metallic stent (SEMS). The stricture was identified during peroral spiral enteroscopy. The mucosa proximal to the stricture was erythematous and ulcerated. The injection of contrast revealed that the stricture was 3 cm in length. Under fluoroscopic guidance, a 0.035-in super-stiff Jagwire (Boston Scientific) was inserted through the stricture into the more distal part of the small bowel. The enteroscope was removed, and the overtube remained in position. An 18 × 60-mm partially covered self-expandable metallic esophageal stent (Niti-S; Taewoong Medical, Seoul, South Korea) was inserted over the guidewire and deployed across the stricture (Fig. 3a). Unfortunately, the proximal 1 cm of the stent was deployed within the overtube (Fig. 3b). The spiral overtube was rotated counterclockwise as it was being withdrawn. The stent was then successfully released from the overtube and deployed in an optimal position, which was confirmed fluoroscopically and endoscopically (Fig. 4). The procedure is shown in Video 1.

The patient was discharged home on a low rouhage diet. She returned for surveillance enteroscopy at 6 weeks. At that time, the stent was removed, and the stricture had markedly decreased. At 6-month follow-up, the patient has had no further episodes of small-bowel obstruction (Fig. 5).

This case demonstrates the feasibility, efficacy, and safety of using a temporarily placed, partially covered SEMS to manage a deep small-bowel stricture.

Video 1

Treatment of a benign distal jejunal stricture by a partially covered esophageal stent deployed with the use of spiral enteroscopy.

Fig. 1 Distal jejunal stricture with granular, friable mucosa and superficial ulceration in a 73-year-old woman with a history of fistulizing Crohn’s disease.

Fig. 2 Balloon dilation with a through-the-scope balloon.

Fig. 3 a Fluoroscopic image of the stent being deployed across the stricture. b The proximal portion of the stent is lodged within the overtube after deployment.

Fig. 4 The stent successfully deployed within the stricture.

Fig. 5 Endoscopic image obtained during follow-up procedure after stent removal shows increased luminal patency.
Endoscopy_UCTN_Code_TTT_1AP_2AD

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Department of Medicine, Division of Gastroenterology and Hepatology, The Johns Hopkins Medical Institutions, Baltimore, Maryland, USA

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**Corresponding author**

Vivek Kumbhari, MD
Interventional Endoscopist
Johns Hopkins Hospital
1800 Orleans Street, Suite 2058 B
Baltimore, MD 21205
USA
Fax: 1-443-683-8335
vkumbhari@gmail.com

**Correction**


The author’s name Mouen Khashab was corrected to Mouen A. Khashab.