The novel use of a biliary stent as a temporizing measure in the treatment of severe refractory esophageal stricture

Esophageal stricture is a narrowing of the esophageal lumen that may result from the use of external beam radiation therapy (EBRT) for the treatment of certain malignancies [1]. Endoscopic dilation is the standard of care; however, stenting is occasionally required. Most manufacturers make esophageal stents with a minimum outer diameter of 16 mm and few are available in smaller sizes [2]. Occasionally, strictures are so severe that the smallest esophageal stent that is commercially available is too large. An alternative method that has been reported is the off-label use of smaller biliary stents to treat proximal esophageal strictures [3].

A 57-year-old man had a history of laryngeal squamous cell carcinoma (SCC) treated in part by EBRT. This was complicated by the development of a severe post-radiation stricture that persisted despite multiple endoscopic dilations, including those using corticosteroid injection. An upper gastrointestinal endoscopy revealed an intrinsic severe stenosis that could not be traversed (Fig. 1a). A through-the-scope (TTS) dilator was used to dilate the stricture to a balloon size of 10 mm. Placement of a 16×70-mm ALIMAXX-ES esophageal stent (Merit Medical, South Jordan, Utah, USA) was attempted but was unsuccessful as the stent could not be passed through the stricture. A 10×80-mm fully covered WallFlex biliary stent (Boston Scientific, Marlborough, Massachusetts, USA) was successfully placed under fluoroscopic guidance (Fig. 1b and Fig. 2).

A repeat endoscopy 3 weeks later revealed that the previously placed biliary stent remained in the correct position without migration. It was retrieved (Fig. 3) and a new 14×70-mm ALIMAXX-ES esophageal stent was successfully deployed for continued dilation.

While more data must be collected to assess the safety, efficacy, and long-term outcomes of this method, the off-label use of fully covered metal biliary stents may be considered in patients with severe refractory esophageal strictures that are otherwise too small for traditional esophageal stents.

Endoscopy UCTN Code TTT_1AO_2AZ

Competing interests: None

Scott Steinberg, Joshua Anderson, Silvio W. de Melo

Department of Medicine, Division of Gastroenterology, University of Florida College of Medicine Jacksonville, Florida, USA
References

Bibliography
DOI http://dx.doi.org/10.1055/s-0042-120711
Endoscopy 2016; 48: E392–E393
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Silvio W. de Melo, Jr., MD
University of Florida in Jacksonville
4555 Emerson Street, Suite 300
Jacksonville
FL 32207
USA
Fax: 1-904-633-0028
Silvio.demelo@jax.ufl.edu