Endoscopic removal of migrated colonic self-expandable metallic stent using a sliding tube

Self-expandable metallic stents (SEMSs) are widely used in cases of malignant colorectal obstruction, as a bridge to surgery or for palliation. The migration rate of these SEMSs is reportedly 5%–10% [1, 2]. Although the rate is not very high, nevertheless this complication can occur. In cases of placement as a bridge to surgery, the migrated SEMSs can be removed during the subsequent operation. However, if the SEMS had been placed for palliation, migration can have negative effects (e.g., fecal impaction or perforation) on the clinical course. Therefore, endoscopic removal is necessary in such cases.

A 70-year-old man complaining of abdominal fullness was referred to our hospital with obstructive rectal cancer and multiple liver metastases (Fig. 1 a, b). Although insertion of a SEMS (Niti-S; 22 × 80 mm; TaeWoong Medical, Seoul, Korea) was attempted for palliation, the stent migrated to the oral side of the tumor. A second SEMS (Niti-S; 22 × 80 mm) was immediately and correctly inserted. Expansion of the second SEMS was confirmed 4 days later and removal of the first migrated SEMS was attempted. Neither the shape nor external diameter of the migrated stent changed even when it was captured with a snare (Fig. 2) and therefore, it could not be removed through the second SEMS. A sliding overtube was prepared as for single-balloon enteroscopy; however it was cut to a length of 80 cm, and the balloon was removed (Fig. 3). The migrated SEMS was successfully removed through the sliding overtube (Video 1, Fig. 4). The postoperative course was

▶ Video 1 Removal of a migrated colonic self-expandable metallic stent (SEMS) through a second stent, using a sliding overtube, in a 70-year-old man with obstructive rectal cancer.

▶ Fig. 1 a Obstructive rectal cancer, and b multiple liver metastases in a 70-year-old man.
uneventful, and the patient was discharged.
Endoscopic removal of the migrated SEMS through the tumor or the second SEMS would have been very difficult and dangerous because the first SEMS did not change its overall shape or diameter even when captured with a snare. However using the sliding overtube the migrated SEMS was safely removed through the tumor and second implanted SEMS.

Corresponding author
Rintaro Moroi, MD, PhD
Division of Gastroenterology, Department of Internal Medicine, Tohoku University Graduate School of Medicine, 1-1 Seiryo, Aoba, Sendai 980-8574, Japan
Fax: +81-22-7177177
rinta@med.tohoku.ac.jp

References

Bibliography
DOI https://doi.org/10.1055/s-0043-114406
Published online: 18.7.2017
Endoscopy 2017; 49: E240–E241
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at
https://mc.manuscriptcentral.com/e-videos

The Authors
Rintaro Moroi1,2, Yoichi Kakuta3, Katsuya Endo1,2, Masatake Kuroha1, Shoichi Kayaba2, Yoshitaka Kinouchi1, Tooru Shimosegawa1
1 Division of Gastroenterology, Department of Internal Medicine, Tohoku University Graduate School of Medicine, Sendai, Japan
2 Department of Gastroenterology, Iwate Prefectural Isawa Hospital, Iwate, Japan
3 Division of Gastroenterology and Hepatology, Tohoku Medical and Pharmaceutical University, Sendai, Japan

Competing interests
None