Can a modified esophageal stent be useful in the treatment of nonresponsive benign colonic anastomotic stenosis?

A 77-year-old woman with a history of anterior rectal resection for neoplasia in 1998, followed by chemo- and radiotherapy, was referred to our unit because of an increase in subocclusive episodes (1–2 times a week) over the previous 5 months, due to a stenosis extending to 5 cm above the colorectal anastomosis. The patient had previously undergone several pneumatic dilation procedures for anastomotic stenosis, with substenosis of the colon above, following radiotherapy.

A computed tomography scan showed a benign stenosis of the anastomosis extending to 5 cm of the colon above, with wall thickening from the development of fibrotic tissue after radiotherapy. We performed a colonoscopy to confirm the clinical scenario; the colorectal anastomosis was located 4 cm from the anal verge (Fig. 1). We planned to place a modified, esophageal, large-diameter, fully covered, self-expandable metal stent (FCSEMS), with an anti-migration system and proximal head (26 mm diameter, 100 mm length, 34 mm head; Tae-woong Medical, Gyeonggi-do, South Korea).

Under deep sedation, the patient underwent lower endoscopy with a gastro scope. The proximal and the distal ends of the stenosis were marked with a submucosal injection of radiopaque contrast medium. A guidewire (Jagwire; Boston Scientific, Marlborough, Massachusetts, USA) was advanced beyond the stenosis and the FCSEMS was placed over the wire (Fig. 2). The patient was discharged the day after the procedure.

The stent was removed 4 weeks later with a rat tooth forceps, and complete resolution of the stenosis could be observed (Video 1). No adverse events were observed during the placement or removal of the stent. At 1 month follow-up, the patient was free of subocclusive symptoms.

In conclusion, the large-bore, modified, esophageal FCSEMS can be a valid alternative in the treatment of colorectal stenosis that is nonresponsive to other endoscopic treatments.

E-Videos

Video 1 Technical phases of the placement and removal of the fully covered self-expandable metal stent (FCSEMS). 1) Study of the colonic substenosis. 2) Marking the area by submucosal injection of contrast medium 1 cm above and below the stenosis. 3) Guidewire release. 4) FCSEMS placement.

Competing interests

None
The authors

Benedetto Mangiavillano1,2, Mario Bianchetti1, Alessandro Repici2,3
1 Gastrointestinal Endoscopy Unit, Humanitas Mater Domini, Castellanza, Italy
2 Humanitas University, Milan, Italy
3 Digestive Endoscopy Unit, Istituto Clinico Humanitas Research Hospital, Rozzano, Italy

Corresponding author

Benedetto Mangiavillano, MD
Gastrointestinal Endoscopy Unit, Humanitas – Mater Domini, Via Gerenzano n.2, 21053 – Castellanza (VA), Italy
Fax: +39-0331-476372
b_mangiavillano@hotmail.com

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