

Endoscopic Clipping: a Helpful Tool for Positioning Self-Expanding Esophageal Stents

Recently, self-expanding esophageal stents have been widely used for the endoscopic palliation of esophageal cancer. The procedure requires radiologic assistance, and almost all the devices available have on the positioner two radiologic marks indicating the proximal and distal margin of the closed stent (Figure 1). For correct placement of the prosthesis, the cranial and distal border of the stricture must be equidistant from these two marks. In this way the central point of the stricture is located in the middle of the stent which may then be released in the correct position. Nevertheless identifying the border of the stricture with fluoroscopy may be difficult. For this reason some authors have proposed placing a radiologic marker on the chest wall (1, 2). In our experience with 11 self-expanding esophageal stents positioned since June 1993, the stricture which marks the proximal and distal border with two endoclips (Olympus HX-3L), placed just after the dilatation and before the stent is positioned, can be easily identified. These clips are clearly visible on the fluoroscopy screen (Figure 2), are easy and fast to place, and their position is not influenced by the movements of the chest wall.

A. Segalin, L. Bonavina, D. Bona, B. Chella
Department of General and Oncologic Surgery,
University of Milan, Italy

References

1. Bethge N, Knyrim K, Wagner HJ, et al.: Self-expanding metal stents for palliation of malignant esophageal obstruction – a pilot study of 8 patients. *Endoscopy* 1992; 24: 411–415.
2. Neuhaus H, Hoffmann W, Dittler HJ, et al.: Implantation of self-expanding esophageal metal stents for palliation of malignant dysphagia. *Endoscopy* 1992; 24: 405–410.

Corresponding Author

Andrea Segalin, M.D.
Ospedale Maggiore, Padiglione Monteggia
Via Francesco Sforza, 35
20122 Milano
Italy



Figure 1: A self-expanding covered esophageal stent (Wallstent-Schneider), the white arrows placed on the two radiologic marks indicate the margins of the closed stent.



Figure 2: A self-expanding covered esophageal stent (Wallstent-Schneider) is placed across a malignant stricture involving an esophago-gastric anastomosis. The arrows show the clips endoscopically positioned after the dilatation marking of the proximal and distal border of the stenosis.