A 75-year-old man presented with hematemesis and melena. He had received an uncovered nitinol self-expanding metal stent (SEMS) 2 months previously for inoperable obstructive hilar cholangiocarcinoma.

Upper endoscopy revealed a normal esophagus, stomach, and duodenal bulb. At the duodenal wall opposite the papilla, a large ulceration with hematosis was visible (Fig. 1) with sharp edges of metal stents [1]. To date, several cases of ulceration and bleeding caused by biliary SEMS have been reported [1–3]. In most cases, bleeding was self-limiting. When indicated, endoscopic hemostasis successfully arrested the bleeding. APC is reported to be a safe, effective, and easy way to reduce stent length [2–4]. Shortening of the stent, with or without endoscopic hemostasis, was enough to permanently correct the complication in the published cases. Fatal bleeding from SEMS-induced ulceration has never been reported, let alone after endoscopic trimming with APC. Metal stents are a valuable means of restoring the continuity of the biliary tract. Choosing the correct size and accurate positioning are key factors to reducing complications. Furthermore, metal stents with rounded edges could reduce the risk of ulceration. Finally, longer hospitalization may be advisable when treating SEMS-induced bleeding ulcers.

References
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