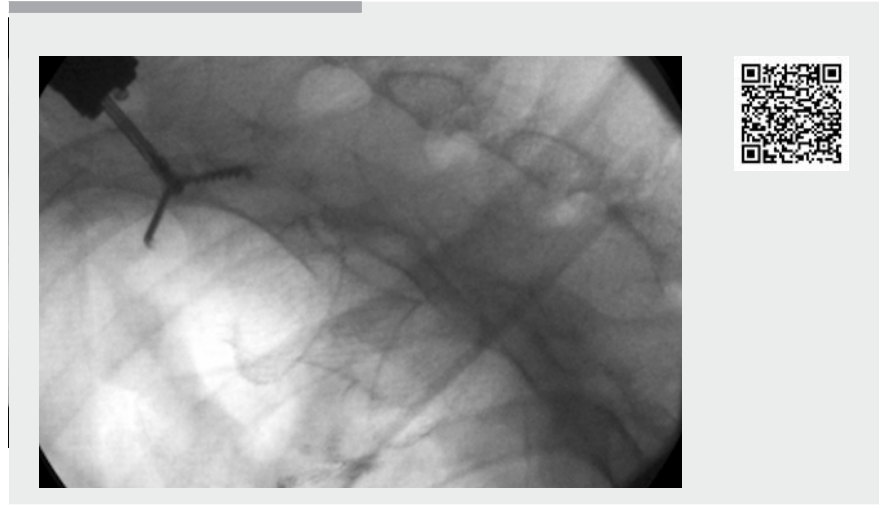


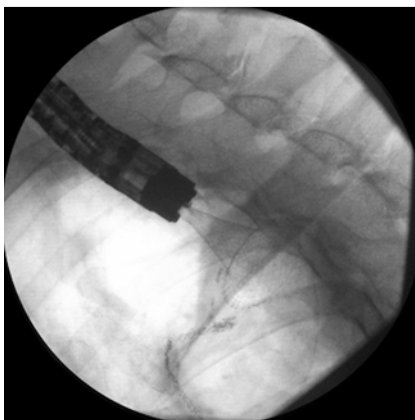
Some tricks for lumen-apposing metal stents: placement in benign esophageal strictures and a technique for reuse after complete misplacement



► **Fig. 1** Photographs showing: **a** the device protruding about 30 cm above the working channel of a therapeutic endoscope, meaning it takes two people to operate it; **b** the lumen-apposing metal stent being drawn into the working channel of the therapeutic endoscope.



► **Video 1** This video shows placement of a lumen-apposing metal stent using a direct-vision endoscope and a technique to reposition this type of stent after complete misplacement.



► **Fig. 2** Radiographic image showing release of the distal flap of the lumen-apposing metal stent during repositioning from the working channel of a therapeutic gastroscope.

Lumen-apposing metal stents (LAMSs) are increasingly being used in our day-to-day practice. Endoscopists are beginning to gain experience not only in their placement but also in the errors or complications that can occur during their release, which may result in failure of the procedure or the need to use a new stent, with a consequent increase in the costs of the procedure. One specific case is complete malpositioning of a stent, meaning the complete opening of the metal without it reaching the target that is being pursued. In most cases, this forces one into having to use a new LAMS or another type of stent. While LAMSs are designed to be released with an echoendoscope, there are some situations in which we need to release the stent under direct frontal view, for example in benign esophageal strictures [1,2]. However, the problem we find is that the device is designed for use with an echoendoscope and not with a therapeutic endoscope [3] (► **Fig. 1 a**).

► **Video 1** shows two small tricks to help in these situations. The first case shows step by step how to place and release a LAMS with a therapeutic endoscope. The second case shows how a LAMS can be reused after it has been misplaced, using the working channel to collapse the stent (► **Fig. 1 b**), thereby allowing reuse of the LAMS (► **Fig. 2**) and avoiding an increase in the costs of the procedure. Our video is based on benign esophageal stricture, but may be useful in many other indications where LAMSs are used, such as complicated pancreatitis with walled-off pancreatic necrosis (WON) [4]. We therefore believe that this video can help colleagues who find themselves in similar situations to those described.

Endoscopy_UCTN_Code_CPL_1AH_2AD

Competing interests

None

The authors

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DOI <https://doi.org/10.1055/a-0915-1490>
Published online: 4.6.2019
Endoscopy 2019; 51: E333–E334
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Stuttgart · New York
ISSN 0013-726X

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