A 48-year-old man with alcoholic liver cirrhosis, Child-Pugh score A(6), became ill when on a business trip to Copenhagen, Denmark. Massive hematemesis and severe hepatic encephalopathy occurred, and he underwent placement of an SX-Ella Danis covered stent (Ella-CS, Hradec Králové, Czech Republic) (Fig. 1, Fig. 2) in a Danish hospital. After stabilization, he was transferred back to Taiwan – where no Ella extractor was available. The stent had now been in position for over 2 weeks. We used a polypectomy snare (Olympus SD-5U/6U-1) (Fig. 3) and a 50-cm-long tapered overtube (Cliny Inc., Japan) to successfully and smoothly remove the stent (Video 1).

The SX-Ella Danis covered stent has been reported as useful in patients with acute esophageal variceal bleeding [1]. The Baveno VI Consensus suggested that self-expanding covered esophageal metal stents may be a safer option than balloon tamponade in cases of refractory esophageal variceal bleeding [2]. According to the recommendation of the Ella-CS company, however, the stent should be removed after 7 days, and removal or reposisioning of the SX-Ella Danis stent requires the Ella extractor. For this reason, on occasions when patients receive emergent hemostasis with an Ella-CS stent abroad, then return home to a country where the PEX-Ella extractor is not available, extraction could be a problem.

We present an easy, home-made method for removing a self-expanded metal stent without the original extractor. Our experience could perhaps provide a handy hint for endoscopists who practice in regions where an original extractor cannot be obtained.

Competing interests
None

The authors

Yu-Jen Chen1, Ming-Chih Hou1,2
1 Division of Gastroenterology and Hepatology, Department of Medicine, Taipei Veterans General Hospital, Taiwan
2 National Yang-Ming University School of Medicine, Taipei, Taiwan

Video 1 Removing an SX-Ella Danis stent when an original Ella extractor is unobtainable.

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Fig. 1 Esophagogastroduodenoscopy revealed a covered metal stent in the middle part of the esophagus.

Fig. 2 The SX-Ella Danis stent expanded after removal from the esophagus.

Fig. 3 We used a snare to capture the retrieval loop at the stent tip.
Corresponding author

Ming-Chih Hou, MD
Division of Gastroenterology and Hepatology, Department of Medicine, Taipei Veterans General Hospital, No. 201, Sec. 2, Shih-Pai Road, Taipei 112, Taiwan
Fax: +886–2- 28739318
mchou@vghtpe.gov.tw

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