A 77-year-old woman with advanced pancreatic cancer presented with combined biliary and duodenal malignant obstruction. An uncovered self-expandable metal stent (SEMS) (Nexent Duodenal/Pyloric stent, 22 mm × 12 cm; Next Biomedical, Korea) and a partially covered SEMS (Niti-S ComVi stent, 20 mm × 12 cm; Century Medical, Korea) were deployed for the duodenal obstruction (▶ Fig. 1). After three cycles of chemotherapy, the two duodenal SEMSs had migrated to the transverse colon (▶ Fig. 2). We decided to remove the SEMSs to avoid perforation. A short-type single-balloon enteroscope (SIF-H290S; Olympus Medical, Japan) was inserted with the overtube (▶ Video 1). The SEMSs were identified at the bending part of the colon. We first tried to grasp the distal end with rat-tooth forceps, but the SEMSs were tightly embedded in the wall. Therefore, the enteroscope was inserted across the SEMSs and the proximal end of the partially covered SEMS was grasped by the forceps and removed using the invagination method. The SEMSs and the enteroscope were pulled into the overtube so as not to injure the intestinal wall. Both SEMSs were successfully removed without any complications (▶ Fig. 3, ▶ Fig. 4, ▶ Fig. 5; ▶ Video 1).

Several methods have been reported for removal of migrated enteral SEMSs [1–4]. Most of these techniques are quite difficult when the distal end is located at the bending part of the colon. The invagination method has been reported to facilitate removal of an embedded biliary SEMS [5]. With this method, the proximal end of the SEMS is grasped with forceps and the SEMS removed by pulling it inside itself. This method could be useful when it is difficult to remove a SEMS from the distal end. It is important to lessen the risk of perforation by advancing the overtube near the SEMS, pulling the enteroscope and the SEMS into the overtube, and gradually, little by little, detaching the SEMS from the intestinal wall.

Endoscopy_UCTN_Code_CPL_1AI_2AD

Competing interests
The authors declare that they have no conflict of interest.
The authors

Takashi Sasaki¹, Tsuyoshi Takeda¹, Chihiro Yasue², Junki Tokura², Daisuke Ide², Shoichi Saito², Naoki Sasahira¹

1 Department of Hepato-biliary Pancreatic Medicine, Cancer Institute Hospital of Japanese Foundation for Cancer Research, Tokyo, Japan
2 Department of Lower Gastrointestinal Medicine, Cancer Institute Hospital of Japanese Foundation for Cancer Research, Tokyo, Japan

Corresponding author

Takashi Sasaki, MD, PhD
Department of Hepato-biliary Pancreatic Medicine, Cancer Institute Hospital of Japanese Foundation for Cancer Research, 3-8-31, Ariake, Koto, Tokyo 135-8550, Japan
Fax: +81-3-3520-0141
sasakit-tky@umin.ac.jp

References


Bibliography

Endoscopy 2021; 53: E209–E210
DOI 10.1055/a-1244-9219
ISSN 0013-726X
published online 11.9.2020
© 2020. Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos