Covered self-expandable metal stents (SEMSs) can migrate, with an incidence of more than 30% [1]. Various techniques for removal of migrated SEMSs have been reported [2–4]. However, the nylon loop pusher-assisted approach for removal of a distally migrated SEMS has not been reported previously.

A 78-year-old man presented with dysphagia and was eventually diagnosed with a refractory esophageal stricture after endoscopic submucosal resection for an early esophageal cancer. We inserted a fully covered SEMS (20×80 mm; Nanjing Minimally Invasive Medical Technology Co., Ltd., Nanjing, China) across the stricture to relieve symptoms. The patient was readmitted after 6 months because of recurrent dysphagia. Gastroscopy using a GIF-H290 endoscope (Olympus, Tokyo, Japan) showed that the stent had migrated distally, with there being a stenosis above the proximal end of the SEMS (Fig. 1). Repeated conventional attempts at removal using a biopsy clamp failed both to grasp the body of the stent and to tighten the upper edge of the stent with a recyclable line.

We therefore moved to the nylon loop pusher-assisted approach. Slight resistance was encountered when passing the gastroscope (9.8 mm) through the stenosis. The lower edge of the stent was grasped with the metal hook of a nylon loop pusher (Leo Med, Changzhou, China) (Fig. 2) and pushed towards the distal esophagus, resulting in the upper edge of the stent becoming separated from the narrow tissue, as expected. After this, we were able to easily grasp the upper edge of the stent again with the metal hook of the nylon loop pusher, and compress the stent (Fig. 3). Finally, the stent was gently removed through the esophageal stricture. Post-procedural gastroscopy revealed mild bleeding from the surface of the stricture and par...
tial mucosal ulceration, but no evidence of lesions elsewhere (▶Fig. 4; ▶Video 1). Fully covered SEMSs are being increasingly used for the benign esophageal diseases, and stent migration is a common complication. Here we provide a new safe and effective method using the metal hook of a nylon loop pusher for when removal of a migrated stent is difficult.

Endoscopy_UCTN_Code_TTT_1AO_2AL

Competing interests

The authors declare that they have no conflict of interest.

The authors

Yan Ou1,2, Long Chen1, Junxiu Li1, Yan Ye1,2, Zhiqian Chen1,2, Lin Cai1,2, Juan Liao1,2
1 Department of Gastroenterology, West China School of Public Health and West China Fourth Hospital, Sichuan University, Chengdu, China
2 Non-communicable Diseases Research Center, West China-PUMC C.C. Chen Institute of Health, Sichuan University, Chengdu, China

Corresponding author

Juan Liao, PhD
Department of Gastroenterology, West China School of Public Health and West China Fourth Hospital, Sichuan University, No. 18, section 3, Renmin South Road, Chengdu 610041, China
juanliao@scu.edu.cn

References


Bibliography

Endoscopy
DOI 10.1055/a-1738-9465
ISSN 0013-726X
published online 2022
© 2022, 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 an open 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. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

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