A 38-year-old woman with a history of total gastrectomy in 2006 for adenocarcinoma presented with complaints of severe right-sided abdominal pain and dysphagia. The patient had experienced progressive intolerance to solid foods and a 50-lb weight loss over 1 year. Work-up at an outside institution revealed recurrent cancer at the esophago-enteric anastomosis, and a 23 mm × 100 mm Wallflex partially covered esophageal stent (Boston Scientific, Natick, Massachusetts, USA) was placed at that time. The patient noted rapid recurrence in dysphagia and concomitant abdominal discomfort after 2 days. An abdominal radiograph showed the stent in the right lower quadrant with no dilated loops of bowel or free intraperitoneal air (Fig. 1).

An abdominal computed tomography scan showed the stent in the ascending colon (Fig. 2). After 72 hours of conservative management, which failed, the decision was made to pursue endoscopic retrieval. Using an Olympus CF-H180 colonoscope (Olympus Corp., Tokyo, Japan), we attempted to place a snare around the stent in the ascending colon (Fig. 3) but could not encase it circumferentially as the distal end flared to 28 mm. A rat tooth forceps was then utilized to draw the stent into the left colon. The stent could not be withdrawn further due to sharp turns in the descending colon. A double-channel upper endoscope (Olympus GIF-ZTQ160) was advanced, and a rat tooth and biopsy forceps were used to grab opposite ends of the stent to allow for better control (Fig. 4). The stent was then retrieved using rat tooth forceps (Fig. 5).
simultaneously to grab opposite ends of
the stent (Fig. 4).
After a total of 70 minutes of maneuver-
ing, the stent was withdrawn from the
rectum (Fig. 5), and the patient recov-
ered without issue.
Placement of self-expandable stents is an
accepted option for malignant esophageal
obstruction after gastric surgery [1]. Mi-
gration is an uncommon, but known,
complication of esophageal stent place-
ment [2]. This case illustrates an extreme-
ly rare occurrence of a 100-mm long stent
migrating through the small intestine into
the colon, and highlights a successful en-
doscopic retrieval technique using a com-
bination of endoscopic tools.

Competing interests: None

Endoscopy_UCTN_Code_CPL_1AH_2AD

M. B. Shah, K. Jajoo
Division of Gastroenterology and Hepa-
tology, New York Presbyterian Hospital,
Weill Cornell Medical College, New York,
New York, USA

References
1  Kim HJ, Park JY, Bang S et al. Self-expandable
metal stents for recurrent malignant ob-
struction after gastric surgery. Hepatogas-
troenterology 2009; 56: 914–917
2  Turkyilmaz A, Eroglu A, Aydin Y et al. Compli-
cations of metallic stent placement in malig-
nant esophageal stricture and their man-
agement. Surg Laparosc Endosc Percutan
Tech 2010; 20: 10–15

Bibliography
Endoscopy 2010; 42: E245–E246
© Georg Thieme Verlag KG Stuttgart · New York ·
ISSN 0013-726X

Corresponding author
M. B. Shah, MD
Division of Gastroenterology and Hepatology,
New York Presbyterian Hospital,
Weill Cornell Medical College, New York
1305 York Avenue
4th Floor
New York
NY 10021
USA
Fax: +1-646-962-0399
mas9217@nyp.org