

Complete esophageal occlusion after band ligation

Esophageal variceal ligation (EVL) is commonly used to treat esophageal varices given its safety profile [1]. We report an unusual complication of EVL, complete esophageal obstruction, managed with the use of a clear cap attached to the gastroscop using a “can opener” maneuver. An 84-year-old white woman with primary biliary cirrhosis intolerant to β -blockers underwent prophylactic EVL using the seven-shooter multiband ligator (Boston Scientific Inc., Natick, Massachusetts, USA) (● Fig. 1). On arriving home, she reported inability to tolerate even water. Repeat upper endoscopy demonstrated complete esophageal obstruction with a single band (● Fig. 2). Multiple attempts to remove the band using the endoscope, snare, and biopsy forceps were unsuccessful. A clear-cap (D-201 – 11304, Olympus Inc., Tokyo, Japan) fitted gastroscop was then used to secure one side of the band and, just like the movement to remove a cap from a bottle, dislodge the band (● Fig. 3). The patient returned 6 days later with similar complaints. An esophagogram showed a distal esophageal obstruction (● Fig. 4). Repeat endoscopy demonstrated necrotic tissue occluding the esophagus, which was managed by dilation with a through the scope balloon and insertion of a nasoenteral feeding tube. After 2 weeks the nasoenteral feeding tube was removed and the esophageal stricture dilated to 15 mm (● Fig. 5). The patient is now eating without restrictions and has remained asymptomatic for 6 months.

Complete esophageal occlusion is a rare complication of EVL, however, removal of the occluding band may be challenging [3–5]. We report the novel use of a clear cap to successfully dislodge the band and relieve the obstruction.

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Competing interests: None

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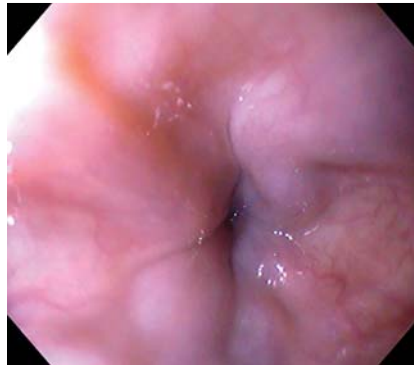


Fig. 1 Small esophageal varices seen on endoscopy.



Fig. 2 Complete esophageal ligation.



Fig. 3 Clear cap and the removed band.

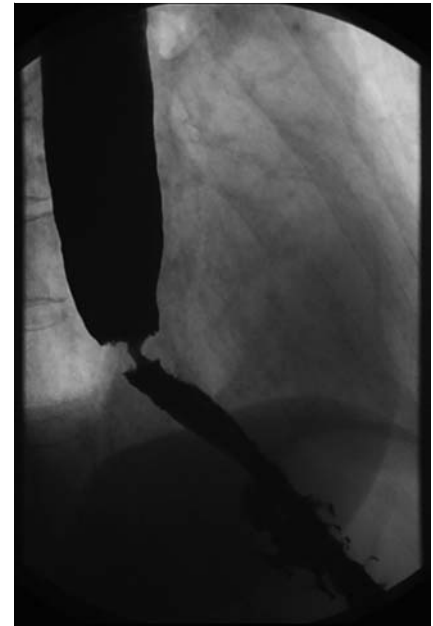


Fig. 4 Gastrografin esophagogram with distal esophageal “ring.”



Fig. 5 Esophageal stricture after dilation.

References

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Bibliography

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