Insertion of a self-expanding metal stent for a stomal stenosis

Stenosis is one of the major complications of a gastrointestinal stoma, yet its treatment is not well established [1–3]. We report a case of stomal stenosis that improved after insertion of a temporary self-expanding metal stent (SEMS). A 61-year-old woman presented with a stoma that had been malfunctioning for 2 months. She had been diagnosed with recurrent cervical cancer and admitted 7 months previously because of life-threatening rectal bleeding. The bleeding had come from a branch of the internal iliac artery and had passed through a tract formed between the rectum and the recurrent cervical cancer by a necrotic abscess. She had been treated with emergent transarterial embolization and coiling and had subsequently undergone a T-loop transverse colostomy with stoma formation to prevent stool passing into the tract. For the past 2 months, however, her stools had been mainly passing out through her urethra and anus, rather than through the stoma.

A computed tomography (CT) scan revealed a tight stenosis at the stoma (Fig. 1). We therefore inserted a custom-built SEMS (morning glory-shaped distal end, partially covered, 8 cm in length, 22 mm in diameter; Hanarostent; M.I.Tech, Seoul, South Korea) into the stomal tract. The SEMS was fixed to the stomal opening with a baseplate for stomal care (Fig. 2). She was commenced on a stool softener and the SEMS was passed from the stomal tract with the stool 3 days later.

We reinserted another custom-built, large-sized SEMS (distal flared, fully covered, 12 cm in length, 28 mm in diameter; Hanarostent; M.I.Tech) into the stomal tract using fluoroscopic guidance (Fig. 3). The SEMS was fixed to the stomal opening with a surgical thread, a plastic ring, and a baseplate for stomal care (Fig. 4). Following this, her stools were mainly passed through the SEMS, which was kept in position for 2 weeks (Fig. 5). Although the functioning of her stoma was maintained for over 2 months, the patient died because of cancer complications.
W. H. Kim¹, C.-I. Kwon¹, J. W. Kim¹, C. Lee²
¹ Digestive Disease Center, CHA Bundang Medical Center, CHA University, Seongnam, South Korea
² Comprehensive Gynecologic Cancer Center, CHA Bundang Medical Center, CHA University, Seongnam, South Korea

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0032-1306904
Endoscopy 2012; 44: E143–E144
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
C.-I. Kwon, MD
Digestive Disease Center
CHA Bundang Medical Center, CHA University
351 Yatap-dong, Bundang-gu
Seongnam, 463-712
South Korea
Fax: +82-31-7805219
endoscopy@cha.ac.kr

Fig. 4 Photographs of the stoma showing: a the external end of the large-sized, distal-flared SEMS after suturing to the plastic ring; b the baseplate for stomal care in position around the stoma and SEMS.

Fig. 5 Abdominal radiograph showing the position of the self-expanding metal stent (SEMS; black arrow) after insertion.

Endoscopy_UCTN_Code_TTT_1AQ_2AF

Competing interests: None

Kim WH et al. Insertion of a SEMS for a stomal stenosis... Endoscopy 2012; 44: E143–E144