

Use of the Ella Danis stent in severe esophageal bleeding caused by acute necrotizing esophagitis

A 45-year-old man presented with hematemesis, melena, and abdominal pain. Because he had clinical and laboratory signs of hypovolemic shock, the patient underwent an emergency gastroduodenoscopy. The findings of the endoscopy were: massive bleeding in the upper gastrointestinal tract, macroscopic necrosis, ulceration, and severe bloody oozing in the lower third of the esophagus. Because of the high risk of perforation, clipping and injection of epinephrine were contraindicated. We therefore proceeded to insert a coated Ella Danis stent (Ella-CS, Hradec Kralove, Czech Republic) as rescue management (● **Fig. 1 a**), and with this we achieved immediate hemostasis. The patient stabilized within 24 hours of admission and a repeat endoscopy showed hemostasis had been maintained (● **Fig. 1 b**). The stent was removed on day 4 after implantation, and the patient was discharged without experiencing any further complications. Effective use of this stent in the rescue treatment of acute esophageal variceal bleeding has been reported in previous studies [1,2]. Currently, placement of this stent seems to be an attractive alternative treatment in refractory esophageal variceal bleeding, where band ligation cannot be performed. However, as yet data on efficacy, safety, and complications are not available [3].

With regards to the use of stents for the treatment of nonvariceal esophageal disorders, recent publications have already shown successful off-label use of the Ella Danis stent in patients with bleeding after endoscopic sphincterotomy and extensive esophageal mucosectomy, as well as in patients with staple line or anastomotic leakage, esophageal rupture, and bleeding from esophageal ulcers after successful endoscopic band ligation [3–5]. These recent publications do have several limitations and are not really comparable with regards to patients and methods. However, despite the lack of larger effica-

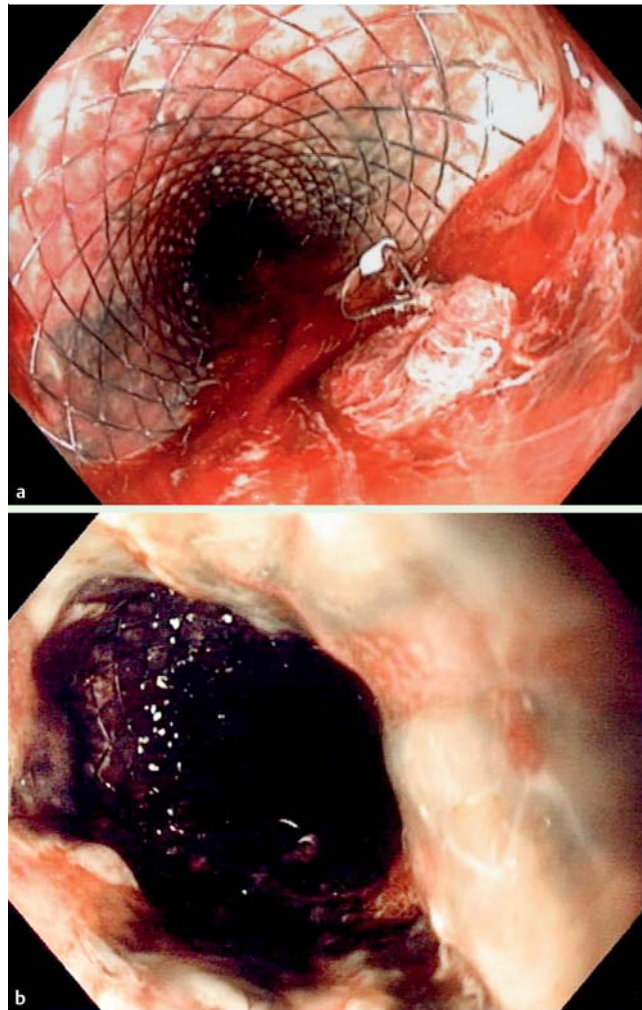


Fig. 1 Endoscopic views in a patient who had had bleeding due to acute necrotizing esophagitis showing: **a** the Ella Danis stent in situ; **b** continued hemostasis 1 day after stent implantation.

cy studies, the implantation of an Ella Danis stent appears to be a promising alternative method, not only for refractory acute esophageal variceal bleeding, but also for patients with nonvariceal esophageal bleeding, if other methods have already failed or are not available in an emergency situation.

Endoscopy_UCTN_Code_TTT_1AO_2AD

Competing interests: None

Zora Messner¹, Michael Gschwantler², Heinrich Resch¹, Gerd Bodlaj^{1,3}

¹ Second Department of Medicine, St. Vincent Hospital, Vienna, Austria

² Fourth Department of Internal Medicine, Wilhelminenspital, Vienna, Austria

³ Department of Internal Medicine, Medical University of Graz, Graz, Austria

References

- 1 Hubmann R, Bodlaj G, Czompo M et al. The use of self-expanding metal stents to treat acute esophageal variceal bleeding. *Endoscopy* 2006; 38: 896–901
- 2 Wright G, Lewis H, Hogan B et al. A self-expanding metal stent for complicated variceal hemorrhage: experience at a single center. *Gastrointest Endosc* 2010; 71: 71–78
- 3 Wong Kee Song LM, Banerjee S, Barth BA et al. Emerging technologies for endoscopic hemostasis. *Gastrointest Endosc* 2012; 75: 933–937
- 4 Babor R, Talbot M, Tyndal A. Treatment of upper gastrointestinal leaks with a removable, covered, self-expanding metallic stent. *Surg Laparosc Endosc Percutan Tech* 2009; 19: e1–e4
- 5 Mishin I, Ghidirim G, Dolghii A et al. Implantation of self-expanding metal stent in the treatment of severe bleeding from esophageal ulcer after endoscopic band ligation. *Dis Esophagus* 2010; 23: E35–E38

Bibliography

DOI <http://dx.doi.org/10.1055/s-0034-1365384>
Endoscopy 2014; 46: E225–E226
 © Georg Thieme Verlag KG
 Stuttgart · New York
 ISSN 0013-726X

Corresponding author

G. Bodlaj, MD
 Second Department of Medicine
 St. Vincent Hospital Vienna
 Stumpergasse 13
 A-1060 Vienna
 Austria
 Fax: +43-1-599884043
gerd.bodlaj@bhs.at