

## Use of the Ella Danis stent in esophageal bleeding due to severe reflux esophagitis

A 79-year-old woman presented with hematemesis. As upper gastrointestinal tract bleeding was suspected, acute gastroduodenoscopy was performed. This showed reflux esophagitis with multiple ulcerations (Los Angeles classification grade D) and oozing hemorrhage (Forrest Ib) in the lower third of the esophagus (► Fig. 1 a).

The bleeding was originating from a large area of ulceration, so clipping or injection of epinephrine would have been associated with a risk of causing further bleeding. We therefore decided to place an Ella Danis stent (flare diameters, 30 mm; body diameter, 25 mm; length, 135 mm; Ella-CS, Hradec Kralove, Czech Republic). After the stent had been expanded, the hemorrhage stopped immediately (► Fig. 1 b). The stent stayed in place as a result of its expansion forces; no anchor or clipping was needed. Hemostasis was maintained during the following days.

After 5 days, the stent was carefully removed with a forceps without using an overtube. There was considerable improvement in the esophageal appearance with no signs of active bleeding. The vascular stump that had previously bled could still be seen (► Fig. 1 c). Two days later the patient was discharged without any further complications.

The use of stents for esophageal bleeding was originally reported for acute variceal hemorrhage when endoscopic band ligation could not be performed or was

unsuccessful [1,2]. More recently it has been used to treat bleeding from an esophageal ulcer after endoscopic band ligation [3]. Other publications have reported the successful off-label use of the Ella Danis stent in bleeding due to complications after mucosectomy or sphincterotomy, necrotizing esophagitis, as well as in anastomotic leakage [3–5].

So far, there are no data available concerning the safe application of an Ella Danis stent in acute hemorrhage due to severe reflux esophagitis. As there is not sufficient data on efficacy, safety, and complications, further investigation is needed; however, the Ella Danis stent appears to be a promising tool in the endoscopic treatment of a broad spectrum of causes of acute nonvariceal esophageal bleeding.

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Competing interests: None

**Marion Gamsjäger<sup>1,2</sup>, Adrian Heghedus<sup>1,2</sup>, Heinrich Resch<sup>1,2</sup>, Gerd Bodlaj<sup>1,2,3</sup>**

<sup>1</sup> Second Department of Medicine, St. Vincent Hospital Vienna, Vienna, Austria

<sup>2</sup> Karl-Landsteiner Institute of Gastroenterology and Rheumatology, Vienna, Austria

<sup>3</sup> Department of Internal Medicine, Medical University of Graz, Graz, Austria

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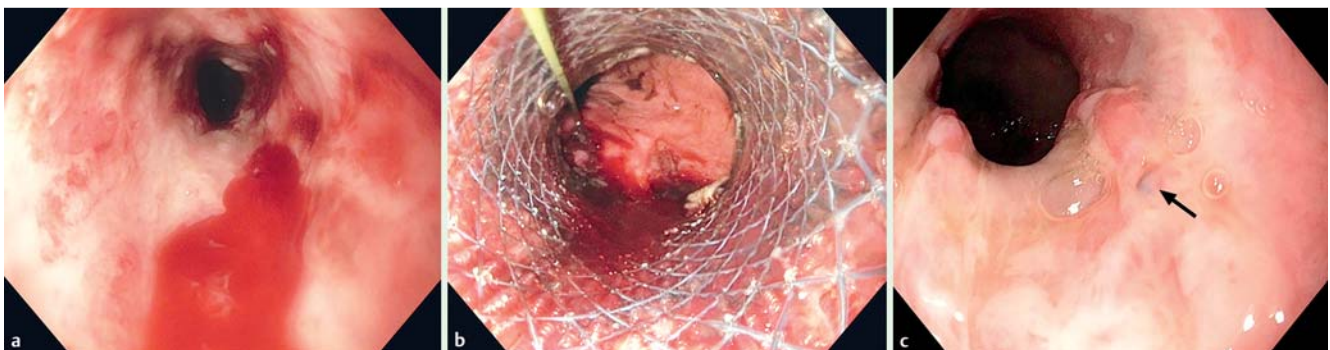
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### Corresponding author

**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](mailto:gerd.bodlaj@bhs.at)



**Fig. 1** Endoscopic images showing: **a** reflux esophagitis grade D (Los Angeles classification) with bleeding (Forrest Ib) from a large area of ulceration; **b** no further active bleeding after placement of an Ella Danis stent; **c** the vascular stump that had previously bled after the Ella Danis stent had been extracted 5 days later.