

# Successful Resolution of Refractory Post-tubercular Ileocecal Stricture by Lumen Apposing Metal Stent

Surinder S. Rana<sup>1</sup> Rajesh Gupta<sup>2</sup>

<sup>1</sup> Department of Gastroenterology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India,

<sup>2</sup> Department of Surgical Gastroenterology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India

**Address for correspondence** Surinder S. Rana, MD, DM, FASGE, Department of Gastroenterology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh 160012, India (e-mail: drsurinderrana@gmail.com).

J Digest Endosc 2022;13:201–202.

## Abstract

Tuberculosis is one of the common causes of benign small bowel obstruction and endoscopic management mainly relies on serial balloon dilatation. In this report, we describe a 35 year male with refractory post-tubercular ileal stricture that was successfully treated with a lumen apposing metal stent

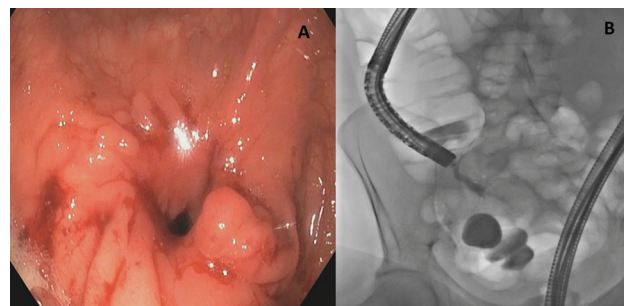
## Keywords

- ▶ colonoscopy
- ▶ LAMS
- ▶ tuberculosis

A 35-year-old male presented with recurrent episodes of colicky abdominal pain. He was treated with antitubercular therapy (ATT) 6 months ago for ileocecal tuberculosis. Colonoscopy was done after completion of ATT revealed narrowed ileocecal opening and patient underwent endoscopic balloon dilatation (EBD) of the residual stricture elsewhere. Postdilatation patient had improvement in abdominal pain but symptoms recurred 3 weeks post-EBD. Despite four sessions of EBD, patient's symptoms continued to relapse and patient was referred to us for further management. Colonoscopy revealed non-negotiable narrowing of the ileocecal opening (▶ **Fig. 1A**). The colonoscope was exchanged with a double-channel gastroscope and the narrowed ileocecal area cannulated with a cannula. Contrast injection revealed a short-segment stricture (▶ **Fig. 1B**) involving the terminal ileum. After securing guide wire in the terminal ileum, a lumen apposing metal stent (LAMS) (Plumber Stent; mm diameter, 4-cm total length; flare 28 mm and diameter 16 mm; MI Tech Gyeonggi-Do, 17706, Korea) was placed across the narrowing (▶ **Fig. 2**). The symptoms improved following the stent placement and patient did not have recurrence of the abdominal pain. The stent was

removed 6 weeks later and colonoscopy revealed resolution of the stricture with the scope being negotiable into the terminal ileum. Following the stent removal, patient remains asymptomatic.

Tuberculosis is one of the common causes of benign small bowel obstruction and endoscopic management mainly relies on serial balloon dilatation.<sup>1</sup> Surgery is the only alternative for patients not responding to endoscopic



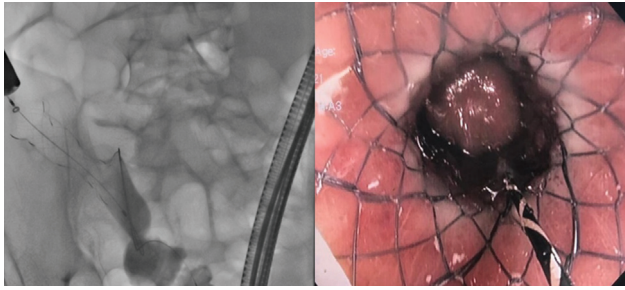
**Fig. 1** (A) Colonoscopy: non-negotiable narrowing of the ileocecal opening. (B) Short-segment stricture involving the terminal ileum.

DOI <https://doi.org/10.1055/s-0042-1747961>.  
ISSN 0976-5042.

© 2022. Society of Gastrointestinal Endoscopy of India. All rights reserved.

This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial-License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (<https://creativecommons.org/licenses/by-nc-nd/4.0/>)

Thieme Medical and Scientific Publishers Pvt. Ltd., A-12, 2nd Floor, Sector 2, Noida-201301 UP, India



**Fig. 2** Lumen apposing metal stent placed across the narrowing.

dilatation. Recently, LAMS has been used for treatment of refractory Crohn's disease bowel stricture, and it seems to be a promising management option for refractory post-tubercular stricture.<sup>2</sup>

**Author Contribution**

S.S.R.: drafting of manuscript and collection of data.

R.G.: collection of data.

**Conflict of Interest**

None declared.

**References**

- 1 Singh Rana S, Kumar Bhasin D, Rao C, Singh K. Tubercular versus Crohn's ileal strictures: role of endoscopic balloon dilatation without fluoroscopy. *Ann Gastroenterol* 2013;26 (02):141-145
- 2 Axelrad JE, Lichtiger S, Sethi A. Treatment of Crohn's disease anastomotic stricture with a lumen-apposing metal stent. *Clin Gastroenterol Hepatol* 2018;16(03):A25-A26