Endoscopic removal of migrated colonic self-expandable metallic stent using a sliding tube

Self-expandable metallic stents (SEMSs) are widely used in cases of malignant colorectal obstruction, as a bridge to surgery or for palliation. The migration rate of these SEMSs is reportedly 5%–10% [1,2]. Although the rate is not very high, nevertheless this complication can occur. In cases of placement as a bridge to surgery, the migrated SEMSs can be removed during the subsequent operation. However, if the SEMS had been placed for palliation, migration can have negative effects (e.g., fecal impaction or perforation) on the clinical course. Therefore, endoscopic removal is necessary in such cases.

A 70-year-old man complaining of abdominal fullness was referred to our hospital with obstructive rectal cancer and multiple liver metastases (▶Fig. 1 a, b). Although insertion of a SEMS (Niti-S; 22 × 80 mm; TaeWoong Medical, Seoul, Korea) was attempted for palliation, the stent migrated to the oral side of the tumor. A second SEMS (Niti-S; 22 × 80 mm) was immediately and correctly inserted. Expansion of the second SEMS was confirmed 4 days later and removal of the first migrated SEMS was attempted. Neither the shape nor external diameter of the migrated stent changed even when it was captured with a snare (▶Fig. 2) and therefore, it could not be removed through the second SEMS. A sliding overtube was prepared as for single-balloon enteroscopy; however it was cut to a length of 80 cm, and the balloon was removed (▶Fig. 3). The migrated SEMS was successfully removed through the sliding overtube (▶Video 1, ▶Fig. 4). The postoperative course was

Competing interests

None