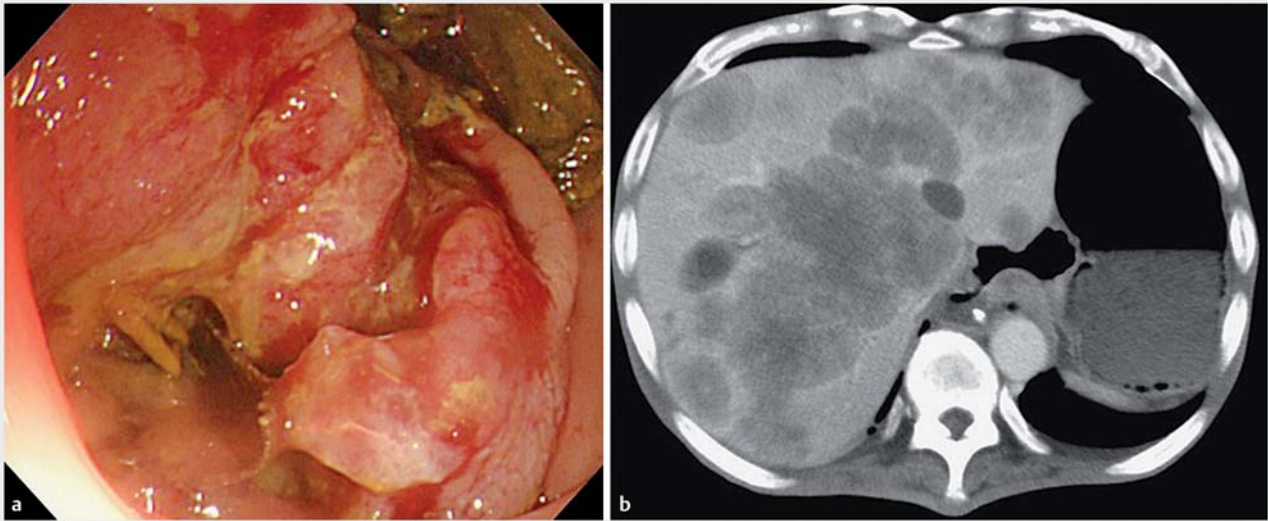


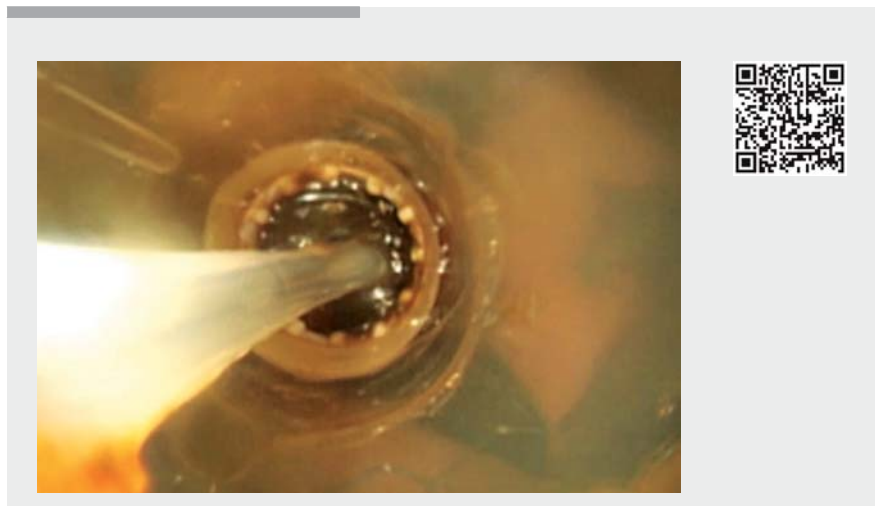
Endoscopic removal of migrated colonic self-expandable metallic stent using a sliding tube



► **Fig. 1** **a** Obstructive rectal cancer, and **b** multiple liver metastases in a 70-year-old man.

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 con-



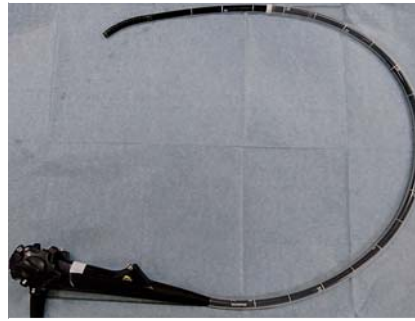
► **Video 1** Removal of a migrated colonic self-expandable metallic stent (SEMS) through a second stent, using a sliding overtube, in a 70-year-old man with obstructive rectal cancer.

firmed 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



► **Fig. 2** A Niti-S self-expandable metallic stent (SEMS).



► **Fig. 3** The sliding overtube was cut to a length of 80 cm and its balloon was removed.



► **Fig. 4** Removal of the migrated SEMS using a sliding overtube.

uneventful, and the patient was discharged.

Endoscopic removal of the migrated SEMS through the tumor or the second SEMS would have been very difficult and dangerous because the first SEMS did not change its overall shape or diameter even when captured with a snare. However using the sliding overtube the migrated SEMS was safely removed through the tumor and second implanted SEMS.

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Competing interests

None

The Authors

Rintaro Moroi^{1,2}, Yoichi Kakuta¹, Katsuya Endo^{1,3}, Masatake Kuroha¹, Shoichi Kayaba², Yoshitaka Kinouchi¹, Tooru Shimosegawa¹

- 1 Division of Gastroenterology, Department of Internal Medicine, Tohoku University Graduate School of Medicine, Sendai, Japan
- 2 Department of Gastroenterology, Iwate Prefectural Isawa Hospital, Iwate, Japan
- 3 Division of Gastroenterology and Hepatology, Tohoku Medical and Pharmaceutical University, Sendai, Japan

Corresponding author

Rintaro Moroi, MD, PhD

Division of Gastroenterology, Department of Internal Medicine, Tohoku University Graduate School of Medicine, 1-1 Seiryō, Aoba, Sendai 980-8574, Japan
 Fax: +81-22-7177177
 rinta@med.tohoku.ac.jp

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