Can a modified esophageal stent be useful in the treatment of nonresponsive benign colonic anastomotic stenosis?

A 77-year-old woman with history of anterior rectal resection for neoplasia in 1998, followed by chemo- and radiotherapy, was referred to our unit because of an increase in subocclusive episodes (1–2 times a week) over the previous 5 months, due to a stenosis extending to 5 cm above the colorectal anastomosis. The patient had previously undergone several pneumatic dilation procedures for anastomotic stenosis, with substenosis of the colon above, following radiotherapy.

A computed tomography scan showed a benign stenosis of the anastomosis extending to 5 cm of the colon above, with wall thickening from the development of fibrotic tissue after radiotherapy. We performed a colonoscopy to confirm the clinical scenario; the colorectal anastomosis was located 4 cm from the anal verge (▶Fig. 1). We planned to place a modified, esophageal, large-diameter, fully covered, self-expandable metal stent (FCSEMS), with an anti-migration system and proximal head (26 mm diameter, 100 mm length, 34 mm head; Taewoong Medical, Gyeonggi-do, South Korea).

Under deep sedation, the patient underwent lower endoscopy with a gastroscope. The proximal and the distal ends of the stricture were marked with a submucosal injection of radiopaque contrast medium. A guidewire (Jagwire; Boston Scientific, Marlborough, Massachusetts, USA) was advanced beyond the stenosis and the FCSEMS was placed over the wire (▶Fig. 2, ▶Video1). The patient was discharged the day after the procedure.

The stent was removed 4 weeks later with a rat tooth forceps, and complete resolution of the stenosis could be observed (▶Video1). No adverse events were observed during the placement or removal of the stent. At 1 month follow-up, the patient was free of subocclusive symptoms.

In conclusion, the large-bore, modified, esophageal FCSEMS can be a valid alternative in the treatment of colorectal stenosis that is nonresponsive to other endoscopic treatments.

Endoscopy_UCTN_Code_TTT_1AQ_2AF

Competing interests

None
The authors

Benedetto Mangiavillano1,2, Mario Bianchetti1, Alessandro Repici2,3
1 Gastrointestinal Endoscopy Unit, Humanitas Mater Domini, Castellanza, Italy
2 Humanitas University, Milan, Italy
3 Digestive Endoscopy Unit, Istituto Clinico Humanitas Research Hospital, Rozzano, Italy

Corresponding author

Benedetto Mangiavillano, MD
Gastrointestinal Endoscopy Unit, Humanitas – Mater Domini, Via Gerenzano n.2, 21053 – Castellanza (VA), Italy
Fax: +39-0331-476372
b_mangiavillano@hotmail.com

Bibliography

DOI https://doi.org/10.1055/s-0043-119978
Published online: 17.10.2017
Endoscopy 2018; 50: E3–E4
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos