

Esophageal Stent in the Anus: An Unusual Presentation of Stent Migration

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Implantation of prostheses is the principal option for palliative treatment of malignant dysphagia, but peri-interventional complications remain a concern. We report here on the case of a 71-year-old male patient with inoperable esophageal cancer who was admitted to our department with postprandial regurgitation, dysphagia, and inability to pass stool. He denied experiencing any pain or symptoms of bleeding. One month previously, a conventional esophageal plastic stent (11/60 esophageal tube, ESKA-Buess, Germany) had been implanted at an outside department to bridge a high-grade malignant stenosis located approximately 20 cm above the gastroesophageal junction; the tube did not bridge the cardia (Figure 1). Physical examination revealed



Figure 1 Chest radiograph with water-soluble contrast meal after placement of the esophageal plastic stent (ESKA-Buess 11/60 esophageal tube), showing the stent in the correct position.

a stool-filled stent, visible in the anus. The esophageal plastic stent had passed through the entire gastrointestinal tract without causing any obvious migration-related symptoms or complications. It was easily removed from the anus manually.

Gastroscopy with bougienage of the esophageal stenosis and implantation of a coated self-expanding metal stent (SEMS) were carried out, substantially improving the patient's dysphagia. Later, dysphagia recurred due to tumor overgrowth at both ends of the stent, requiring thermocoagulation followed by extension of the stent using a second SEMS. Palliative radiotherapy for tracheal tumor infiltration and implantation of a percutaneous endoscopic gastrostomy (PEG) feeding tube under fluoroscopic guidance were necessary.

Distally migrated esophageal stents may remain in the stomach without problems, cause obstruction in the gastrointestinal tract, or pass unrecognized per rectum [1]. Migration occurs significantly more frequently with plastic stents than with SEMS prostheses [2]. Metal stents may become enmeshed in the tumor making migration unlikely. However, stent fracture and consequent migration [3] and rectal bleeding caused by a migrated stent [4] have been reported with SEMS. This is the first report of a displaced esophageal plastic stent with asymptomatic migration through the entire gastrointestinal tract, finally presenting in the anus filled with stool and causing stool retention.

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