Metal stents are used to palliate advanced malignant gastric outlet and duodenal obstruction [1, 2]. We present a rare complication due to a migrated duodenal stent, that highlights the need for a definitive diagnosis of malignancy before deployment.

A 73-year-old man developed symptoms of gastric outlet obstruction following lumbar spine laminectomy at another institution. Computed tomography (CT) scanning revealed a mass lesion arising from the head of the pancreas compressing the second part of the duodenum. A presumptive diagnosis of carcinoma of the pancreas was made and an expanding metal stent was deployed without a histological diagnosis.

One month later he presented to our hospital with vague abdominal pain. A further CT scan showed free air and fluid within the peritoneal cavity and the pancreas looked normal. At laparotomy he was found to have a perforation where the metal stent had impacted in the distal ileum (Figure 1 and 2). The lesion was most probably inflammatory and when it resolved the stent migrated causing perforation of the distal ileum.

Figure 1 Section of ileum showing perforation (stent removed).

Figure 2 Close up with stent in situ. The metallic stent had been placed endoscopically for gastric outlet obstruction secondary to a pancreatic lesion. The lesion was most probably inflammatory and when it resolved the stent migrated causing perforation of the distal ileum.

Duodenal perforation is a recognized complication associated with metal stents, both those in situ and migrated esophageal devices [3–5]. There have however been no reported cases of a duodenal stent migrating into the distal ileum and causing perforation. This case demonstrates the importance of a definitive diagnosis of malignancy before placing a stent for palliation.

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