

Metal stent migration after chemotherapy

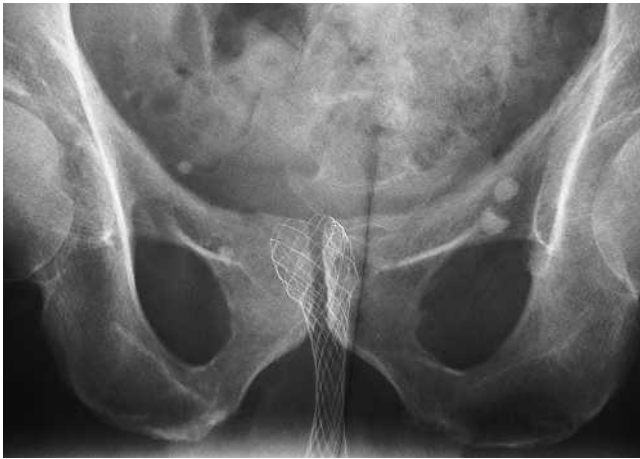


Figure 1 Abdominal radiograph showing migration of the self-expandable metallic stent across the anal sphincter.

Self-expandable metal stents (SEMS) have been widely used to relieve malignant obstruction of the upper and lower gastrointestinal tract [1,2]. There is now a considerable body of experience reported in the literature on colonic stent insertion for the treatment of malignant disease, both as a palliative measure and as a “bridge to surgery” [3]. There are several potential complications associated with stent insertion, however. A pooled analysis of the use of SEMS for the palliation of malignant colorectal obstruction showed that colonic stent migration occurred in 11.8% of cases [4], though SEMS are only very rarely expelled right through the anal sphincter. We report a case of SEMS migration following chemotherapy, with subsequent expulsion of the SEMS across the anal sphincter and manual removal. In November 2005, a 67-year-old man with a history of colonic adenocarcinoma (at the splenic flexure) underwent SEMS insertion across the malignant stricture after developing intestinal subocclusion symptoms. After SEMS placement the patient was treated with chemotherapy. In

January 2006 the patient was referred to the emergency room after he noticed the distal part of the SEMS outside the anal orifice. An abdominal radiograph showed that the stent had migrated (► **Figure 1**) and the SEMS was extracted manually. SEMS migration after chemotherapy because of reduction in the volume of the neoplastic mass is seldom reported by patients, except in rare cases such as this one, where the SEMS remains engaged in the anal sphincter.

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