Migration of a metal esophageal stent presenting as obstruction at the ileocecal valve 2 years post-insertion

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Placement of a self-expandable metal stent is a common palliative treatment for malignant esophageal strictures. Stent migration is a recognized complication, occurring with a frequency of about 3% [1], and may occur as an immediate or delayed complication. Stents most commonly migrate into the stomach but have been reported as impacted in the colon and even passed unrecognized per rectum [2]. We report a case of distal migration leading to acute intestinal obstruction.

A 61-year-old gentleman presented to the emergency department with a 72-hour history of vomiting, and abdominal distension and discomfort. His past medical history included an adenocarcinoma of the lower third of the esophagus diagnosed 2 years previously. At this time his symptoms were palliated using an ELLA stent (Dr Karel Volenec, Czech Republic), with the antireflux valve and the position verified with contrast radiology postprocedure.

Plain abdominal radiography at the time of admission showed the stent to be located in the patient's right iliac fossa, with radiographic evidence of small-bowel obstruction (**Figure 1**). The patient was managed initially with placement of a nasogastric tube and intravenous fluids but failed to improve so was prepared for laparotomy. At surgery there was dilatation throughout the small bowel, and the stent was palpable in the terminal ileum, impacting in the ileocecal valve. An enterotomy was performed, the stent removed and the enterotomy closed.

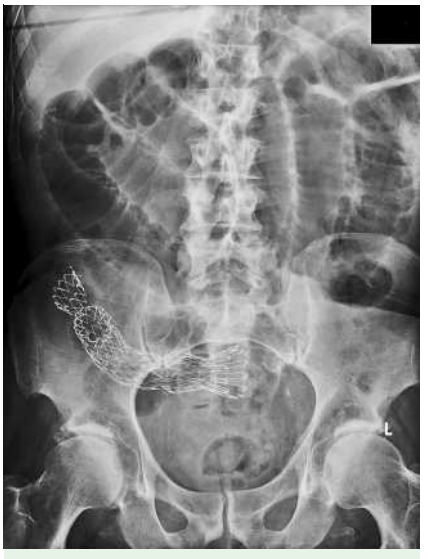

Figure **1** Self-expandable metal stent migrated to the right iliac fossa causing small-bowel obstruction.

Distal migration of an esophageal stent beyond the stomach is uncommon and rarely results in complication [2]. Stent migration usually occurs within weeks of insertion but has been reported in at least one case at 10 months postinsertion [3]. This case is unusual, as 2 years had passed since the stent was placed. As the patient died of respiratory failure after surgery, there was no opportunity to assess esophageal disease progression or symptom recurrence, and no satisfactory explanation for this extremely delayed complication can be offered.

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