Placement of a Self-Expanding Metal Stent to Treat Esophagogastric Benign Anastomotic Stricture via Retroflexed Ultrathin Endoscopy: A Case Report with a Video

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INTRODUCTION

Previous studies have reported that ultrathin endoscope (UE) provides endoscopic guidance during self-expanding metal stent (SEMS) insertion without fluoroscopic monitoring in patients with upper gastrointestinal stenosis (benign or malignant) or postoperative esophageal leakage.1-3 The technique can vary according to the type of SEMS and level of stenosis. Herein, we report a patient who underwent distal release esophageal SEMS placement to treat an esophagogastric anastomotic (EGA) stricture via retroflexed UE.

CASE REPORT

A 54-year-old woman was admitted to our unit for postoperative dysphagia after an Ivor-Lewis procedure for esophageal cancer. Endoscopic examination revealed a benign EGA stricture located 26 cm from the upper incisors. Despite three previous dilatation attempts using a through-the-scope (TTS) balloon dilatator, her symptoms recurred after each procedure. The stricture was passed with the UE (GIF-XP-150N; Olympus, Tokyo, Japan; with a diameter of 5.5 mm), and a guide-wire was left in place to perform dilatation using an 18-mm TTS balloon under conventional endoscopic guidance. Thereafter, the guide-wire was left in place and the UE was advanced beyond the stricture but not over the guide-wire. The length of the anastomotic stricture was measured at 20 mm via UE. Then, a 6-cm partially covered SEMS (Non-Vascular Ni-Ti Alloy SEMS; Changzhou Health Microport Medical Device, Changzhou, China) was pushed beyond the anastomosis over the guide-wire, and deployed under direct visualization via retroflexed UE (Fig. 1, Supplementary Video 1 [available online at http://www.e-ce.org/]). Tissue ingrowth was not found by endoscopy 6 weeks after the procedure, and the SEMS was removed. The patient recovered fully and is still without any recurrence of dysphagia after 2 months of follow-up.
The authors have no financial conflicts of interest.

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