

Infolding of Ultraflex self-expanding metal stent on insertion

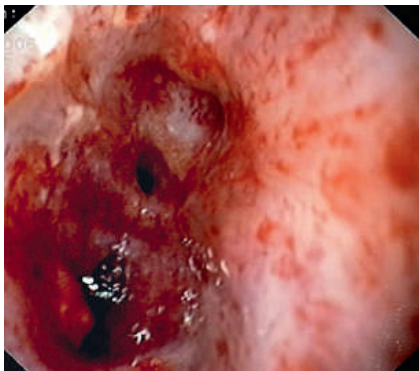


Fig. 1 Esophagorespiratory fistula.

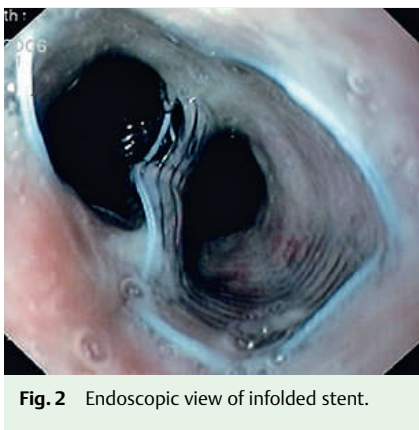


Fig. 2 Endoscopic view of infolded stent.



Fig. 3 Radiographic view of infolded stent.

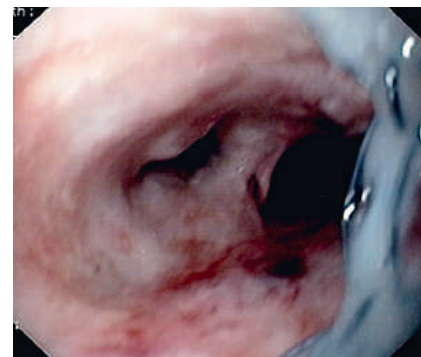


Fig. 4 The uncovered opening of the fistula.

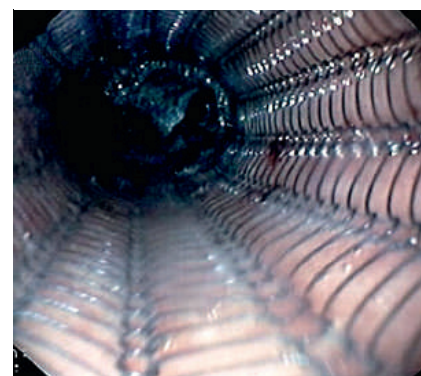


Fig. 5 Endoscopic confirmation of correct opening of the stent.

Esophageal cancer is often diagnosed at an advanced stage, without curative options in 50%–60% of cases. Of the major complications, the principal ones are luminal obstruction and esophagorespiratory fistulas [1].

Among palliative measures, self-expanding metal stents (SEMS) have provided good quality of life for patients and are cost-effective [2]. Despite these advantages, the use of SEMS is not free of complications, namely incomplete expansion, migration, perforation, hemorrhage, tracheal compression, or food impaction [1]. Recently some authors have demonstrated accurate and safe stenting using only endoscopic guidance, without fluoroscopic support [3,4].

The Ultraflex stent has been associated with more occurrences of incomplete expansion and migration as well as infolding after deployment, as its construction

favors a smaller radial force; thus, whilst preventing the risk of major trauma, it occasionally requires balloon dilation [5]. We report an unusual event after insertion of a covered 12-cm Ultraflex SEMS under sedation and without fluoroscopic control. The patient was a 52-year-old man with inoperable lower third esophageal cancer, who had previously undergone chemotherapy and radiotherapy and currently had grade 3 dysphagia (▶ Fig. 1).

After deployment the stent adopted a bizarre “B type” infolded conformation with maintenance of double lumen patency (▶ Fig. 2 and 3), whilst successfully covering the fistula holes. After 24 hours, repeat endoscopy revealed the same findings. Balloon dilation was done unsuccessfully. Biopsy rat-tooth forceps were used to displace the stent, which allowed it to unfold but uncovered the fistula opening (▶ Fig. 4). A second attempt, using the same instrument, correctly positioned the prosthesis (▶ Fig. 5 and 6). The patient remained asymptomatic for the following 6 months and required no further endoscopic examinations.

This report highlights a possible and previously unconsidered adverse event, and is a reminder of the importance of improvisation and of the necessity for improvements in stent design.

Endoscopy_UCTN_Code_CPL_1AH_2AD

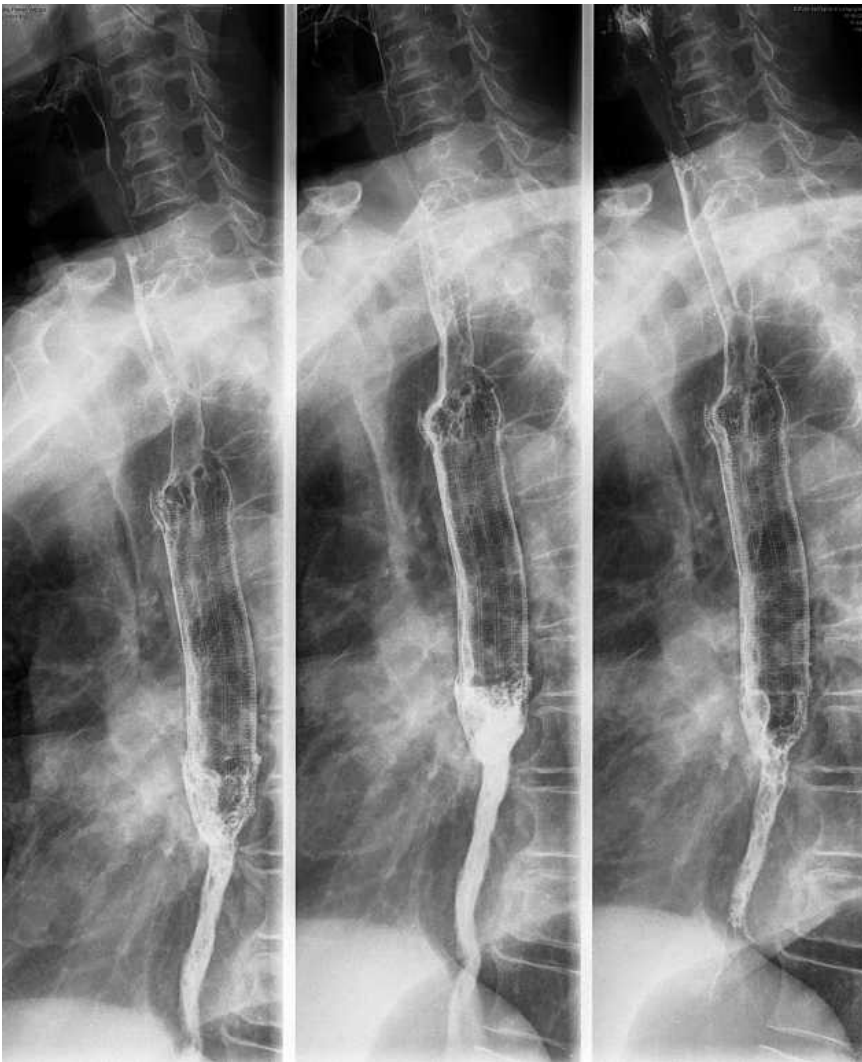


Fig. 6 Esophagographic confirmation of correct opening of the stent.

**B. Arroja, C. Gonçalves, F. Silva,
I. Cotrim, H. Vasconcelos**

Department of Gastroenterology, Hospital de Santo André EPE, Leiria, Portugal

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Corresponding author

B. Arroja, MD

Hospital de Santo André EPE, Serviço de Gastroenterologia

Rua das Olhalvas, Pousos

2410 197 Leiria

Portugal

Fax: +351-244-817080

brunoarroja@gmail.com