

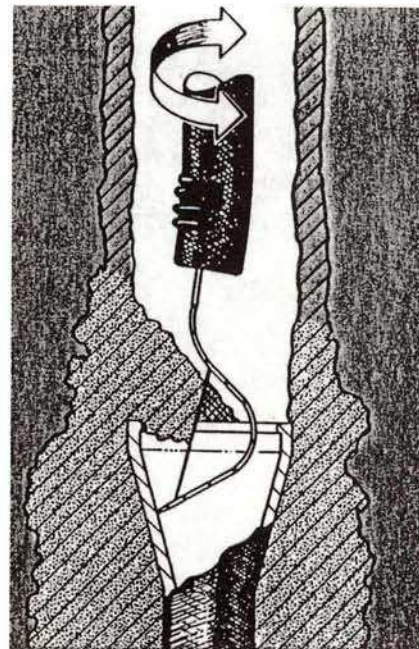
### A Novel Approach to the Management of Oesophageal Tube Overgrowth by Tumour

Advanced oesophageal carcinoma is often managed by insertion of an endoprosthesis. However, complications may arise, such as migration of the tube or tumour overgrowth. In a recent series of 105 patients with advanced primary carcinoma of the oesophagus managed by intubation (1), 26 (24.8%) had recurrence of their dysphagia due to tumour obstructing the lumen of the tube. Proximal tumour overgrowth can be managed by dilation of the recurrent stenosis and replacing the original prosthesis with a longer one (2). However, as the tube is often embedded in the tumour, removal may tear the oesophageal wall. Recanalization of tumour overgrowth using laser has also been described (3), but relatively few centres have access to such equipment. Diathermy and injection of absolute alcohol is often ineffective due to the bulky nature of the tumour.

We would therefore like to present a novel approach to the management of this difficult problem. We used the following technique on a sprightly 85-year-old man who presented with complete dysphagia secondary to proximal tumour overgrowth of an Atkinson tube. Previous diathermy and injection of absolute alcohol into the tumour overgrowth had failed to relieve his dysphagia. We positioned an Olympus Q10 gastroscope 2 cm above the lesion and inserted a KD219 sphincterotome knife just through the tumour. We then tightened the knife to between three-quarters and full (Figure 1). The knife was connected to an Olympus electrosurgical unit and set at 3.5 and blend; a dry field is necessary to minimize dissipation of the generated current. Keeping the shaft of the instrument as straight as possible, we slowly rotated the endoscope. This causes the tip to describe a circular movement, and resects the tumour. Care was taken to avoid inserting the wire too deeply into the funnel. In our case, the patient was able to manage a puréed diet for six weeks.

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**Figure 1:** The use of a sphincterotome to resect tumour overgrowth of an Atkinson tube.

#### References

1. Liakakos TK, Ohri SK, Townsend ER, Fountain SW: Palliative intubation for dysphagia in patients with carcinoma of the esophagus. *Ann Thorac Surg* 1992; 53: 460-463.
2. Sivak MV: *Gastroenterologic endoscopy*. Philadelphia: Saunders, 1987: 394.
3. Sargent IR, Loizou LA, Tulloch M et al.: Re-canalization of tube overgrowth: a useful new indication for laser in palliation of malignant dysphagia. *Gastrointest Endosc* 1992; 38 (2): 165-169.

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