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Abstract Title

Effectiveness of self expandable metal stents with valvular antireflux mechanism in malignant esophageal strictures: comparison with standard open stents

Abstract Text

INTRODUCTION: Patients with malignant esophageal strictures can be troubled with reflux symptoms after stent placement. This situation can become more relevant when the tumor is located at the lower esophagus, as the use of a stent in this location makes the stomach and the esophagus a common cavity which predisposes patients to gastroesophageal reflux (GER). Effectiveness of stents with an antireflux mechanism in preventing GER symptoms remains controversial. The aim of this multicenter study is to prospectively compare the effectiveness of an antireflux stent with that of a standard open stent in palliating dysphagia and preventing reflux. **METHODS:** During a one-year period, 124 consecutive patients (107 males; 17 females. Age 46-83 years) with unresectable esophageal malignancies and secondary dysphagia were treated inserting a fully covered self expandable metal stent (SEMS). Strictures were located in the upper esophagus in 18 patients (14.5%), middle esophagus in 37 patients (29.8%) and lower esophagus in 69 patients (55.7%). A valvulated antireflux stent (Dostent. M.I. Tech. Korea) was placed in 66 patients (group A) and an open stent (Choostent. M.I. Tech. Korea) in 58 patients (group B). Technical success, clinical success with regard to dysphagia improvement, reflux symptoms and belching difficulties, complications incidence and survival were assessed in both groups. Student t and square chi tests were used for statistical analysis. **RESULTS:** Technical success rate was 100% in both groups as stents could be placed in all patients ($p=n.s.$). Dysphagia score improved from 2.8 to 0.3 in group A and from 2.9 to 0.4 in group B ($p=n.s.$). Reflux symptoms were present in 9/66 patients of group A and in 18/58 patients of group B ($p<0.05$). 3/66 patients of group A and 4/58 patients of group B had difficulties for belching after stenting ($p=n.s.$). Complications occurred in 20/66 patients of group A and in 11/58 patients of group B ($p=n.s.$). The incidence of stent migration and stent occlusion due to tumor overgrowth at the proximal edge of the stent tend to increase in group A although statistical significance was not reached. Three months after stenting, survival rate was 65.1% in group A and 51.7% in group B ($p=n.s.$). **CONCLUSIONS:** 1.- Both antireflux and standard stents offer similar excellent results with regard to dysphagia palliation. 2.- Valvulated stents are effective in preventing reflux symptoms and do not interfere with patients capability of belching. 3.- Antireflux stents tend to be associated with a higher complication rate (migration and occlusion), more probably due to tumor location than to the stent design.

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