

0340:

MINOR COMPLICATIONS AFTER SELF-EXPANDABLE METAL STENT PLACEMENT IN PATIENTS

WITH ESOPHAGEAL MALIGNANCIES

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INTRODUCTION: Major complications have been reported after esophageal stenting. However, studies concerning minor complications secondary to stent

placement are scant in the literature. The aim of this prospective multicenter study is to assess the incidence of minor complications after

stent insertion in patients with esophageal malignancies

AIMS & METHODS: 124 consecutive patients with unresectable esophageal malignancies and secondary dysphagia were treated inserting a fully covered

nitinol self-expandable metal stent (SEMS). In 55 patients (44.3%) the stricture was located at the upper/middle esophagus and a standard open

stent (Choostent.MI Tech.Korea) was inserted (group A). In 69 patients (55.7%) the stricture was located at the lower esophagus and a valvulated

antireflux stent (Dostent.MI Tech.Korea) was placed. The incidence of pain,

reflux symptoms, belching difficulties and episodes of food bolus impaction

was evaluated, seeking for possible differences depending on tumor location.

Square chi test was used for statistical analysis

RESULTS: Pain was present in 55 patients (44.3%). Pain was mild in 40 patients (32.2%) and could be successfully treated with metamizole.

Pain was

severe in 15 patients (12.1%) and required opioids to be controlled.

Reflux

symptoms occurred in 27 patients (21.7%) with good response to proton pump

inhibitors. Belching difficulties were reported in 7 cases (5.8%) and corrected after prokinetics administration. Stent obstruction due to food

impaction happened in 5 patients (4%) and was successfully managed endoscopically. The incidence of pain was higher in group A (33/55) than in

group B (22/69)($p < 0.005$). Reflux symptoms were also more frequent in group A

(18/55) than in group B (9/69)($p < 0.05$), although this difference is determined by the type of inserted stent and not due to tumor

location. No

differences were found regarding belching difficulties (4/55 vs 3/69) and

food bolus impaction (2/55 vs 3/69)

CONCLUSION: 1.Pain is the most frequent and troublesome minor complication after SEMS placement. 2.Compression of mediastinal structures secondary to stent expansion leads to a higher pain incidence in tumors located at the upper and middle esophagus. 3.Minor complications can be successfully managed conservatively not requiring stent removal. 4.Valvulated antireflux stents are effective in preventing reflux symptoms, allow belching and do not predispose to food bolus impaction