

0316:

ESOPHAGEAL SELF-EXPANDABLE METAL STENTS MIGRATION: ANALYSIS OF  
PREDISPOSING  
FACTORS

J. Jiménez-Pérez(1), . S. Rodríguez(2), . V. Orive(3), . A.  
Naranjo(4), .  
L. Barcenilla(5), . J. Espinós(6), . L. Yuguero(7)(1)Endoscopy Unit,  
Hospital de Navarra, Pamplona, (2)Endoscopy Unit, Hospital 12 de  
Octubre,  
Madrid, (3)Gastroenterology, Hospital de Basurto, Bilbao,  
(4)Gastroenterology, Hospital Reina Sofía, Córdoba, (5)Endoscopy Unit,  
Hospital Rio Carrión, Palencia, (6)Endoscopy Unit, Hospital Mutua  
Tarrasa,  
Tarrasa, (7)Gastroenterology, Hospital General Yague, Burgos, Spain

INTRODUCTION: The most frequent complications related to the  
placement of  
self-expandable metal stents (SEMS) for the palliation of malignant  
dysphagia are stent occlusion by tumor ingrowth or overgrowth and  
stent  
migration. Migration rates ranging from 0% to 27% have been reported.  
The

aim of the present study is to assess the possible influence of  
clinical,  
pathological and technical parameters in stent migration incidence.

AIMS & METHODS: A multicenter prospective study included 124  
consecutive  
patients (107 males; 17 females. Age 46-83 years) with malignant  
dysphagia  
and considered unsuitable for surgery who were treated inserting a  
fully  
covered nitinol SEMS (Choostent/Dostent. MI Tech. Korea). The  
following data  
concerning patient characteristics, tumoral features and stent  
insertion  
technique were registered in every case: A.Patient: sex, age and  
previous  
chemotherapy/ radiotherapy. B.Tumor: type of tumor (squamous cell  
carcinoma/adenocarcinoma/extraesophageal), location  
(upper/middle/lower  
esophagus), stricture severity (complete/partial), stricture shape  
(anfractuous/straight) and tumor firmness (hard/soft). C.Technique:  
dilation  
prior to stenting and the use of endoscopic/fluoroscopic monitoring or  
only  
endoscopic guidance. Patients were followed up for 6 months or until  
death.

Cases of stent migration were analysed and compared with the rest of  
cases.

Square chi and Fisher tests were !  
used for statistical analysis.

RESULTS: Stent migration occurred in 11 patients (8.8%). Patient  
characteristics did not have any influence in stent migration. The  
incidence  
of migration was higher in soft tumors ( $p < 0.05$ ), in strictures due to  
extraesophageal tumors ( $p < 0.05$ ) and in cases of partial strictures,  
although  
statistical significance was not reached ( $p = 0.17$ ). Tumor location and

stricture shape were not found to be significant factors. The use of endoscopic guidance without any fluoroscopic control predisposed to stent migration ( $p < 0.01$ ) whereas prior dilation did not prove to be a facilitating procedure for stent migration.

CONCLUSION: 1. The incidence of stent migration in our series of patients can be considered low in spite of inserting fully covered stents. 2. Stent migration is facilitated in cases of extraesophageal malignancies and in soft tumoral strictures. 3. The use of endoscopic guidance without any fluoroscopic control predisposes to stent migration, probably due to an initial stent malposition, making this practice rather controversial.