

# **COVERED RETRIEVABLE EXPANDABLE STENTS IN TREATMENT OF BENIGN REFRACTORY ESOPHAGEAL STRICTURES : A CASE SERIES**

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## **INTRODUCTION**

Most of benign esophageal strictures are managed easily by medical treatment and dilatations. However severe recurrent strictures remain a therapeutic challenge. Endoprotheses have an established part in the management of malignant esophageal strictures but have unfrequently been used in treatment of benign esophageal strictures. We report our initial experience.

## **AIM AND METHODS**

To evaluate the safety and clinical effectiveness of covered retrievable expandable stents in benign refractory esophageal strictures. 15 patients with peptic, post surgical, or caustic esophageal strictures were treated with retrievable self-expanding stents. Nearly all the patients were previously treated unsuccessfully by endoscopic dilatation. Stent implantation and removal were performed under endoscopic control. The duration of stent placement was variable and depended on physician and clinical exam.

## **RESULTS :**

Stents were inserted without complications except for one perforation with mediastinitis in a long and complex stricture which already had unsuccessful dilations. After stent placement, all patients, except one, could ingest solid food. The stents were removed successfully by endoscopy in 11/14 patients. One patient died of cardiac disease without relation with the stent, and in two patients, a migration of the stent occurred. After stent removal, clinical effectiveness decreased with time and only 50% didn't have any recurrence of stricture after a mean of 12 months. Factors of efficacy were a short stricture (less than 2.7 cm) and an anastomotic stricture. The optimal time for stent removal remained still undetermined. The best criterions to remove the stents were emergence of symptoms like dysphagia and discomfort because it meant important complications or inefficacy of stents.

## **CONCLUSIONS :**

Covered retrievable stents can be considered as an alternative treatment to conventional dilatation, in selected patients with severe benign refractory esophageal strictures.

Nevertheless further experiences are required to evaluate the long term efficacy.

### **Pictures**

Covered retrievable esophageal stents. A retrieval lassos attached inside of ends play a role in removing the stent after implant. (Choostent™ : M.I.Tech)

