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Summary

RIGHT-SIDED COLONIC STENTING AS STANDARD OF CARE – CLINICAL OUTCOME OF 102 CASES OF PROXIMAL COLONIC MALIGNANT OBSTRUCTION

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Colorectal

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A 15-year single-center series of 301 patients with malignant colonic obstruction found that self-expanding metal stents placed in right-sided (proximal) obstructions achieved clinical success in 79% versus 89% for left-sided lesions, with no perforations in proximal stenting and lower re-intervention rates.

KEY POINTS

- Clinical relief of obstruction by SEMS was achieved in 217 of 253 patients (85.8%) overall, with success rates of 79% for right-sided cancers versus 89% for left-sided cancers (p = 0.039), the difference mainly due to difficulty accessing proximal strictures.
- Perforation within 30 days of index SEMS was 0.4% overall; no perforations occurred in proximal colonic stenting, while perforation at any time occurred in 2.8% of left-sided cases only.
- Re-intervention rates (re-stenting or surgery) were lower in right-sided SEMS at 8.8% versus 20.5% for left-sided cases (p = 0.039).
- Among unresected cancers managed palliatively after successful SEMS, stoma-free survival was equivalent for right- and left-sided disease (median 301 versus 243 days, p = 0.61), with lifetime stoma rates of 4.6%.
- The authors propose that proximal colonic stenting should be considered with equivalent validity to left-sided stenting where combined colonoscopy, fluoroscopy, and appropriate expertise are available.

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