INITIAL EXPERIENCES WITH A VACUUM-STENT AS NOVEL TREATMENT OPTION FOR TRANSMURAL DEFECTS IN THE UPPER GASTRO-INTESTINAL TRACT: A SINGLE-CENTER CASE SERIES

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UEG Week Copenhagen 2023 | Poster

Oesophagus

October 15, 2023

A prospective case series of 23 patients with upper GI transmural defects treated with a vacuum-stent device achieved 91% successful closure with a median 14-day treatment duration and minimal adverse events.

KEY POINTS

- Among 23 patients with transmural upper GI defects (14 anastomotic leaks post-esophagectomy, 5 iatrogenic perforations, 4 Boerhaave syndrome), 12 received vacuum-stent alone and 11 received combination vacuum-stent and vacuum-sponge therapy.
- Overall successful defect closure was achieved in 91% of patients, requiring a median of 4 EVT-related endoscopies over a median treatment course of 14 days.
- Patients treated with vacuum-stent only achieved 100% closure success with fewer endoscopies (median 3) and shorter treatment duration (median 13 days) compared to combination therapy.
- During median 120 days follow-up, four patients developed anastomotic strictures requiring endoscopic dilation; no other adverse events were observed.
- The authors conclude that the vacuum-stent shows feasibility and efficacy for upper GI transmural defects and may prevent major surgery, though more research is needed.

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