ENDOSCOPIC VACUUM THERAPY VERSUS SELF-EXPANDING METAL STENTS FOR POSTOPERATIVE OESOPHAGEAL LEAKS: A CASE-CONTROL STUDY

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A single-center retrospective study comparing endoscopic vacuum therapy (5 patients) to self-expanding metal stents (39 patients) for upper gastrointestinal surgical leaks and fistulae found 100% versus 56.4% complete closure rates, though the difference was not statistically significant.

KEY POINTS

- Complete closure of surgical leaks was achieved in all 5 EVT patients (100%) compared to 22 of 39 SEMS patients (56.4%), though this difference did not reach statistical significance (p=0.14).
- Technique-related complication rates differed significantly: 0% for EVT versus 76.9% for SEMS (p<0.01), while readmission (20% vs 51.3%) and mortality (0% vs 35.9%) differences were not statistically significant.
- EVT required significantly more treatment sessions than SEMS (median 4 versus 2 sessions, p<0.01), with two EVT patients having previously failed SEMS treatment.
- The groups showed no significant baseline differences in demographics, disease type, leak size, or timing of intervention.
- The authors conclude EVT may be a safe and effective alternative to SEMS with potential to become a new standard, though the study is limited by small EVT sample size.

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