

LUMEN-APPOSING METAL STENT FOR MALIGNANT GASTROINTESTINAL STRICTURE – CASE REPORT

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Poster

Oesophagus

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A 66-year-old patient with unresectable locoregional recurrence of bile duct adenocarcinoma after Whipple procedure developed gastro-jejunal anastomotic stenosis that was successfully managed with endoscopic placement of a lumen-apposing metal stent, restoring oral tolerance.

KEY POINTS

- The patient presented with food intolerance and vomiting before the third cycle of Cisplatin-Gemcitabine-Durvalumab; CT and endoscopy revealed locoregional disease progression with gastro-jejunal anastomotic stenosis that was only transposable with a pediatric gastroscop.
- A 16x20 mm Spaxus lumen-apposing metal stent was placed endoscopically under fluoroscopic control as a minimally invasive palliative intervention to restore gastric outlet patency.
- One week post-procedure the patient tolerated oral diet and was discharged, with plans for reassessment and potential second-line chemotherapy with FOLFOX.
- The authors note that lumen-apposing metal stents, originally designed for pancreatic fluid collections, may be useful for short gastrointestinal strictures where anti-migration features are needed.
- This case may interest gastroenterologists and oncologists managing malignant gastrointestinal strictures in the palliative setting.

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