

ENDOSCOPIC VACUUM THERAPY (EVT) VERSUS SELF-EXPANDING METAL STENT (SEMS) IN THE TREATMENT OF NON-LARGE ANASTOMOTIC DEHISCENCES AFTER ONCOLOGIC IVOR-LEWIS ESOPHAGECTOMY: A MATCHED CASE-CONTROL STUDY

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Poster

Oesophagus

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A matched case-control study of 44 patients found similar leak closure rates for intraluminal endoscopic vacuum therapy and self-expanding metal stents in managing non-large anastomotic dehiscences after Ivor-Lewis esophagectomy, though vacuum therapy required more procedures and was associated with significantly fewer stent migrations.

KEY POINTS

- Leak resolution rates did not differ significantly between endoscopic vacuum therapy and self-expanding metal stents (90.9% versus 72.7%, $p=0.21$) in treating anastomotic dehiscences smaller than 3 cm following oncologic Ivor-Lewis esophagectomy.
- Endoscopic vacuum therapy required significantly more procedures per patient than stents (mean 4.4 versus 2.2, $p=0.05$) but resulted in shorter hospitalization (45.3 versus 52.6 days, $p=0.01$).
- Migration occurred significantly less frequently with endoscopic vacuum therapy than with stents (1.6% versus 15.3% of procedures, $p=0.0001$), while overall adverse event rates were similar between groups ($p=0.61$).
- Technical success was 100% for both approaches, with no difference in overall adverse event rates, including bleeding, perforation, and sedation-related complications.
- This matched study included 22 patients per group enrolled between May 2014 and July 2022, matched for age, sex, BMI, ASA score, neoadjuvant therapy, defect characteristics, and leak size; the authors note prospective data are needed to validate these findings.

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