

Title:

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Esophageal stent dysfunction: unclogging the Red Sea

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Conflicts of interest

The authors disclose no conflicts of interest.

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Dear Editor,

Self-expandable metal stents (SEMS) have been widely used for the palliation of esophageal malignant dysphagia [1] [2]. Stent-related dysphagia is frequent and should raise the suspicion of stent migration, tumor ingrowth or overgrowth [1] [3] [4]. In addition, bleeding has been reported in nearly 7% of patients [2] [3] [4]. Nonetheless, this is the first case report of a complete stent obstruction by abundant blood clot formation.

The authors present a 76-year-old male with severe ischemic heart disease and atrial fibrillation, requiring cardiac resynchronization therapy defibrillator and anticoagulation. After being diagnosed with metastasized squamous cell mid-esophageal cancer, he was proposed for chemotherapy and palliative esophageal stenting.

According to protocol, following 3-day suspension of apixaban, a partially covered SEMS (23x100 mm) was successfully deployed across the ulcerated circumferential neoplasia at

26-33 cm from the incisors, under fluoroscopy and endoscopy guidance. After a 48h surveillance and radiological confirmation of the stent's expansion and position, anticoagulation was reintroduced, and the patient was discharged home on a soft diet.

One week later, he was readmitted to the emergency department with complaints of acute complete dysphagia. He confirmed diet adherence, and denied thoracic or abdominal pain, hematemesis or melaena, dyspnea or other neurological symptoms.

An X-ray confirmed adequate stent positioning. Upper endoscopy showed abundant blood clots fully occluding the stent's lumen, which were carefully pushed to the stomach, without interurrences (Fig. 1A-B). Subsequent inspection confirmed stent expansion, and absence of migration or tumor in/overgrowth (Fig. 1C).

After discussion with the cardiology department, anticoagulation was temporally discontinued. Blood work showed only mild anemia, with normal platelet count and coagulation. No blood transfusion or hydroelectrolytic correction was required. In a 3-months follow-up, low-dose anticoagulation was carefully resumed, without recurrence of dysphagia, gastrointestinal hemorrhage, nor cardiovascular events.

Esophageal stent dysfunction is common and has been associated with several entities. Tumor friability and bleeding are recognized, however the clinical presentation with acute complete dysphagia without overt hemorrhage is uncharacteristic [1] [3] [4]. Additionally, recommendations on the adequate management of anticoagulation in this context are weak and an individualized care balancing the risks of hemorrhage versus cardiovascular thrombosis is crucial, specifically regarding this patient's medical history [4] [5].

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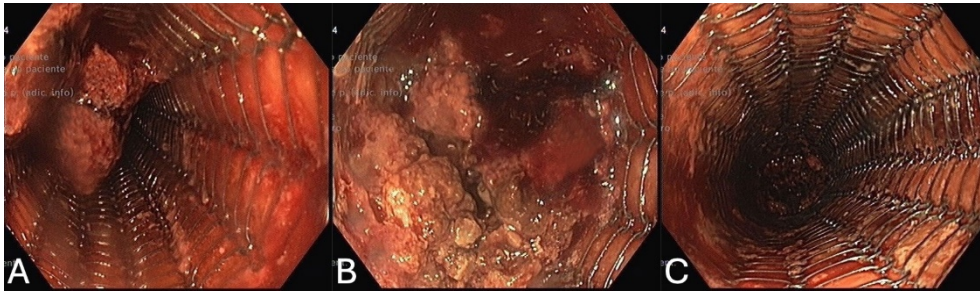


Fig. 1. A-B Blood clots occluding the self-expandable partially covered metal stent. **C** Adequately expanded esophageal stent with no evidence of tumor ingrowth.