

**Title:**

**The role of gastroduodenal stents in palliation of malignant gastroduodenal outlet obstruction, regarding the article by Alcalá-González et al**

**Authors:**

Fábio Pereira Correia, Gonçalo Alexandrino, Joana C. Branco

DOI: 10.17235/reed.2020.7659/2020

Link: [PubMed \(Epub ahead of print\)](#)

**Please cite this article as:**

Pereira Correia Fábio, Alexandrino Gonçalo, C. Branco Joana. The role of gastroduodenal stents in palliation of malignant gastroduodenal outlet obstruction, regarding the article by Alcalá-González et al. Rev Esp Enferm Dig 2020. doi: 10.17235/reed.2020.7659/2020.



*This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.*

CC 7659

**The role of gastroduodenal stents in palliation of malignant gastroduodenal outlet obstruction, regarding the article by Alcalá-González *et al***

Fábio Pereira Correia, Gonçalo Alexandrino, Joana C. Branco

Gastroenterology Department. Hospital Prof. Dr. Fernando Fonseca. Amadora, Portugal

Keywords: Gastroduodenal outlet obstruction. Endoscopic stent.

*Dear Editor,*

It was with great interest that we read the article of Luis Alcalá-González *et al* (1). This work reinforces the scientific evidence regarding safety and effectiveness of self-expandable metal stent placement for the palliation of malignant gastric outlet obstruction (GOO). Our special interest about this topic makes us want to share the experience of our center and to strengthen some of the key points.

Between January 2012 and December 2019, we placed 43 stents in patients with GOO. Interestingly, in contrast to the literature and this recently published paper, we had predominance of gastric stenosing neoplasms in relation to pancreatic neoplasms (60.4% vs 25.6%) (2), still achieving a technical (100%) and clinical (95.3%) success.

The stent allows rapid clinical improvement, with shorter hospitalization compared to gastrojejunostomy, two important factors in the field of palliation. However, as we have also noted, there is a non-negligible need of reintervention (25.6% of our patients needed a second stent), either due to tumor growth, food impaction or stent migration. This fact becomes an important limitation in patients with reasonable performance status and expected survival, in which gastrojejunostomy should be considered primarily, with the use of gastroduodenal stents being more suited to individuals with shorter life expectancy (2,3).

Thirty-day mortality of 46.5% and mean post-procedure survival of  $81 \pm 13$  days are expected results for a technique with palliative purpose in a terminally ill patient. Thus,

we consider that gastroduodenal stents constitute an effective and safe alternative to surgery, which is usually associated with greater morbidity.

## REFERENCES

1. Alcalá-González L, Masachs-Perecaula M, Dot Bach J, et al. Endoscopic stenting for gastroduodenal outlet obstruction of a malignant origin, real life experience in a single center. *Rev Esp Enferm Dig* 2020;112(9):712-715. DOI: 10.17235/reed.2020.6600/2019
2. Troncone, E, Fugazza, A, Cappello, A, et al. Malignant Gastric Outlet Obstruction: Which Is The Best Therapeutic Option?. *World Journal of Gastroenterology* 2020; 26(16): 1847-1860. DOI: 10.3748/wjg.v26.i16.1847
3. Jang S, Stevens T, Lopez R, et al. Superiority of Gastrojejunostomy Over Endoscopic Stenting for Palliation of Malignant Gastric outlet Obstruction. *Clinical Gastroenterology and Hepatology* 2019; 17:1295-1302. DOI: 10.1016/j.cgh.2018.10.042