

**Title:**

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DOI: 10.17235/reed.2021.8433/2021

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

**Please cite this article as:**

Sánchez-Luna Sergio A., Guimãraes Hourneaux De Moura Eduardo, Sena de Medeiros Flaubert, Turiani Hourneaux De Moura Diogo. Does it matter which plastic stents we use for the treatment of post-surgical leaks? Or does one-size-fit-all?. Rev Esp Enferm Dig 2021. doi: 10.17235/reed.2021.8433/2021.

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**Does it matter which plastic stents we use for the treatment of post-surgical leaks? Or does one-size-fit-all?**

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*Conflict of interest: SASL is the recipient of the 2021 American Society for Gastrointestinal Endoscopy (ASGE) Endoscopic Training Award by the ASGE and Fujifilm. EGHM is a consultant for Olympus and Boston Scientific.*

**Keywords:** Post-surgical leaks. Endoscopic treatment. Plastic stents.

*Dear Editor,*

We congratulate Fuentes-Valenzuela et al. (1) on their study entitled “Endoscopic internal drainage using transmural double-pigtail stents in leaks following upper gastrointestinal tract surgery.” The authors report a technical and clinical success of 100 % and 77.8 %, respectively. Although double-pigtail stents (DPS) have been a mainstay in the treatment of leaks and post-surgical fluid collections, we would like to share our reservations with the type of DPS used.

There are several endoscopic approaches for the treatment of post-operative leaks (2,3) and the authors report using the Advanix™ (Boston Scientific, MA, USA) and Visio® G. Flex (Belgium) stents. These stents, typically used for biliopancreatic indications, are hard, less flexible and can potentially cause tissue trauma leading to undesirable adverse events (AEs) such as the two events of mucosal erosion and tracheoesophageal fistula reported by the authors. In addition, bleeding and aneurism can also occur, although this was not reported in this series (4).

In our experience, we have been using 7 FR double-pigtail ureteral stents due to AEs related to biliary plastic stents, with similar efficacy and a lower rate of adverse events. In two years of experience, we did not report any case of fistula or bleeding, although the rates of migration are similar to the conventional biliary stents. The ureteral pigtail stents are typically made from polyurethane and have the advantage of being much softer, more flexible and can be cut accordingly to a desirable size as they are 24-26 cm in size. Also, they typically have less incrustation, good radiopacity and have clear markings to facilitate their placement (Fig. 1). These characteristics can diminish the risk of injury to nearby structures substantially.

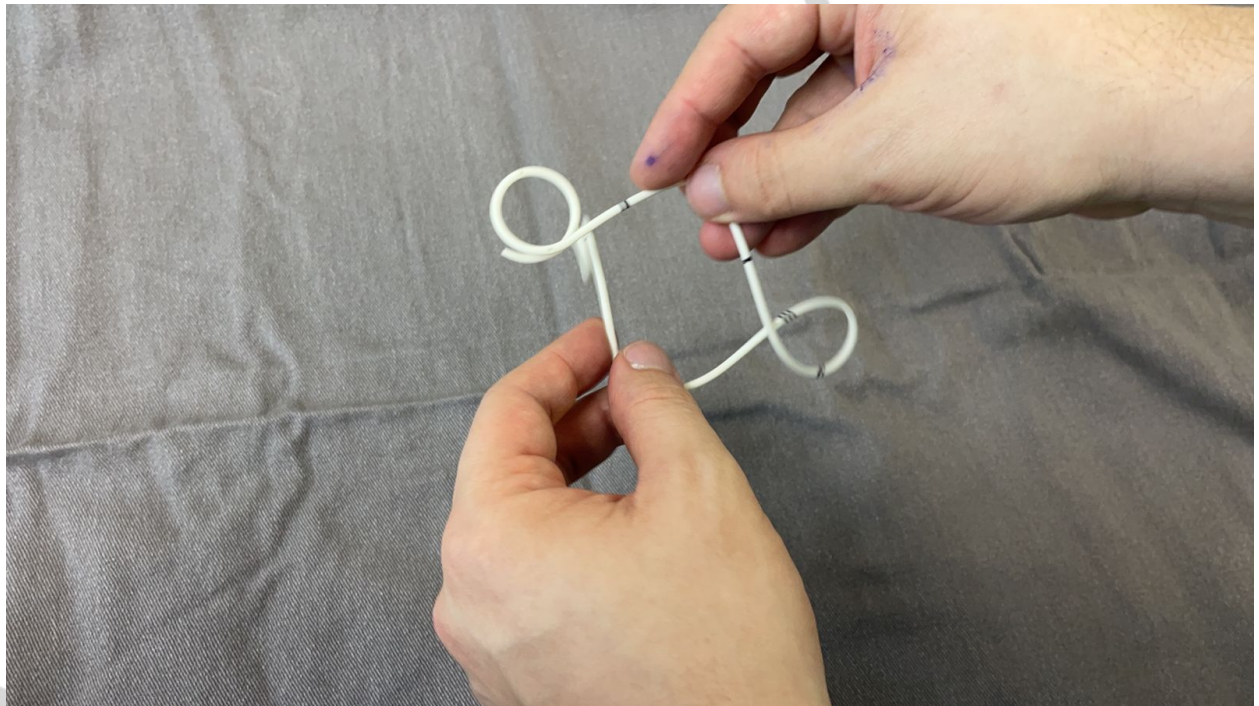
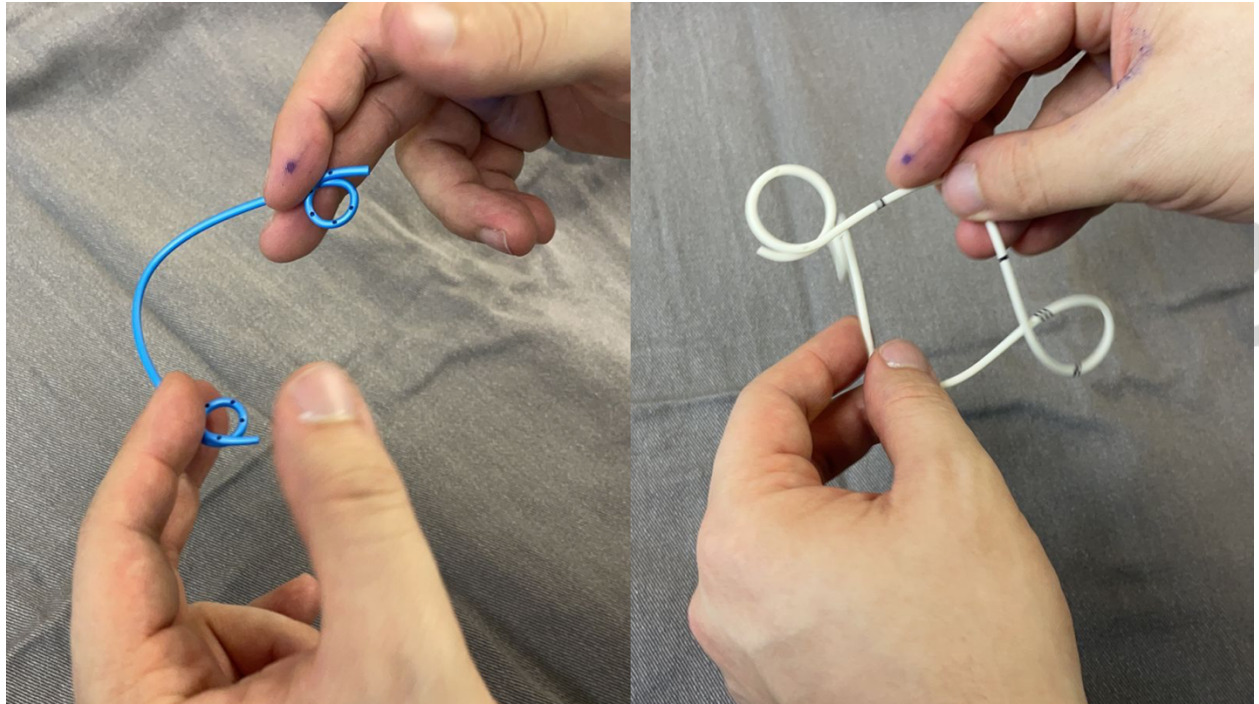
With this in mind, we think that the use of the traditional biliary plastic stents should be avoided to prevent potentially undesirable AEs. We welcome the author's view on this controversial area.

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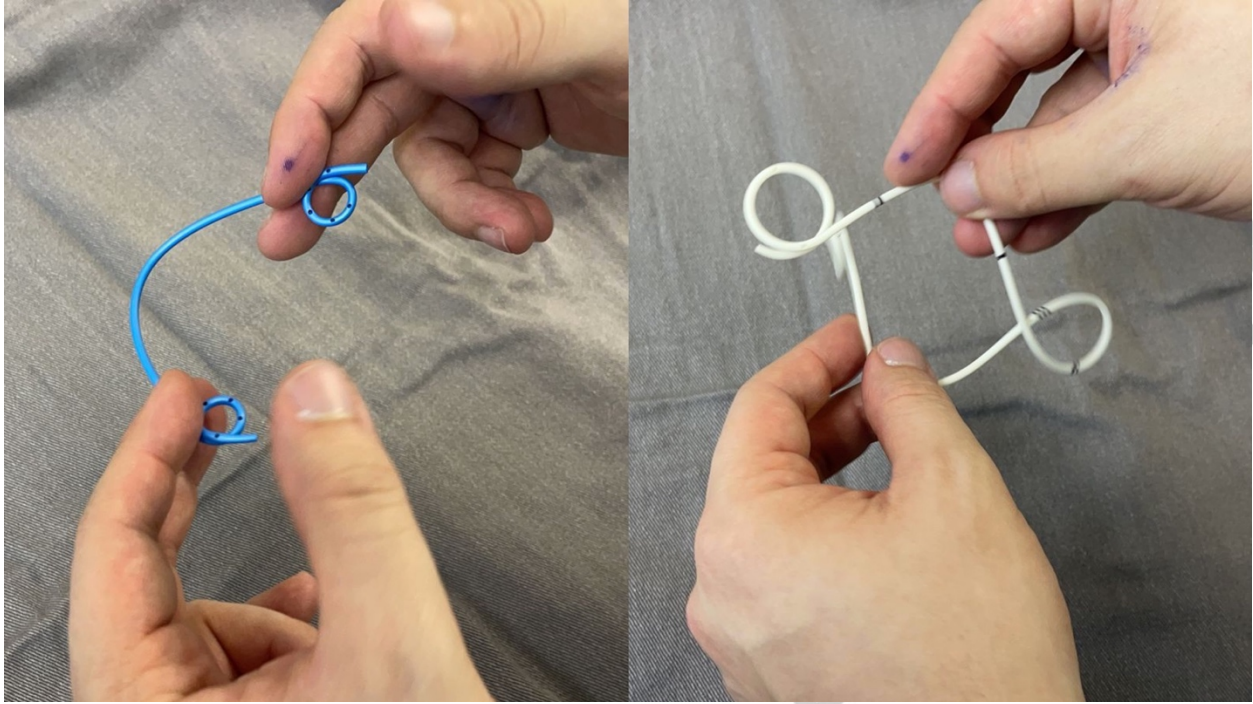


Fig. 1. Biliary pigtail stent (left) and ureteral pigtail stent (right).

Accepted