

Title:

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Self-expandable metal stent fixation with a temporary Overstitch Apollo® suture as a rescue therapy for a reluctant tuberculous esophageal-mediastinal fistula

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Mr. Director:

We present the case of a 79 y.o. male diagnosed with tuberculosis and mediastinal lymphadenopathy fistulizing in the esophageal lumen(Figure 1A-1B). Despite a number of treatments, including over-the scope (OVESCO) clip, the patient had intolerance for oral intake and repeated infections. A rescue therapy with antibiotics and an

esophageal self-expandable metal was implemented to seal the orifice and avoid infections. Due to the absence of esophageal lumen stenosis and to avoid stent migration, a decision of stent fixation with a continuous suture with the Overstitch-Apollo® system(Figure1C-D) was made. Forty-eight hours after the intervention the patient resumed oral intake and 8 weeks later the esophageal stent was removed after cutting the suture with an endoscopic scissors, demonstrating the complete closure of the fistulous orifice(Figurae1E). The patient has maintained an adequate oral intake, with clinical and radiological resolution of his disease.

Discussion:

The Overstitch-Apollo® suture system has been majorly used as a technique for the treatment of obesity. There are other less common indications for this technique, like for example stent fixation(1-3). The migration rate for stents in patients with no stenosis is near to 100%, while if they are fixed with the Overstitch system, 80% of them will remain in place and will facilitate fistula closure(3-4). Although it is not the initial therapy for this type of patients, what this case teaches us is that we should keep it in mind as a rescue therapy in difficult cases that have not responded to standard therapies(3). The latest version of this suture system, named OverstitchSX, has also the advantage that it does not requires the use of a double-channel endoscope, as it is compatible with single-channel endoscopes, which makes this technique available not only in specialized institutions(5).

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IMAGES:

1A: CT: subcarinal lymph nodes and esophagus fistula (yellow arrow:YA). **1B:** Fistulous orifice (10 mm) in esophagus(YA) with pus. **1C:** Esophageal covered metal stent Cook® 18 x 100 mm (red arrow:RA) occluding orifice (YA), fixed by Overstitch with running suture (blue arrow:BA): 1st suture esophageal mucosa; 2nd suture stent; 3rd suture mucosa. **1D** X-Ray confirming stent (RA) occludes orifice (YA), with radiopaque suture(BA). **1E:** Control 8 weeks after stent implant with fistulous orifice healed(YA).

