A home-made method to remove an SX-Ella Danis stent

A 48-year-old man with alcoholic liver cirrhosis, Child-Pugh score A(6), became ill when on a business trip to Copenhagen, Denmark. Massive hematemesis and severe hepatic encephalopathy occurred, and he underwent placement of an SX-Ella Danis covered stent (Ella-CS, Hradec Králové, Czech Republic) (▶ **Fig. 1**, ▶ **Fig. 2**) in a Danish hospital. After stabilization, he was transferred back to Taiwan – where no Ella extractor was available. The stent had now been in position for over 2 weeks. We used a polypectomy snare (Olympus SD-5U/6U-1) (▶ **Fig. 3**) and a 50-cm-long tapered overtube (Cliny Inc., Japan) to successfully and smoothly remove the stent (▶ **Video 1**).

The SX-Ella Danis covered stent has been reported as useful in patients with acute esophageal variceal bleeding [1]. The Baveno VI Consensus suggested that self-expanding covered esophageal metal stents may be a safer option than balloon tamponade in cases of refractory esophageal variceal bleeding [2]. According to the recommendation of the Ella-CS company, however, the stent should be removed after 7 days, and removal or repositioning of the SX-Ella Danis stent requires the Ella extractor. For this reason, on occasions when patients receive emergent hemostasis with an Ella-CS stent abroad, then return home to a country where the PEX-Ella extractor is not available, extraction could be a problem.

We present an easy, home-made method for removing a self-expanded metal stent without the original extractor. Our experience could perhaps provide a handy hint for endoscopists who practice in regions where an original extractor cannot be obtained.

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Competing interests

None

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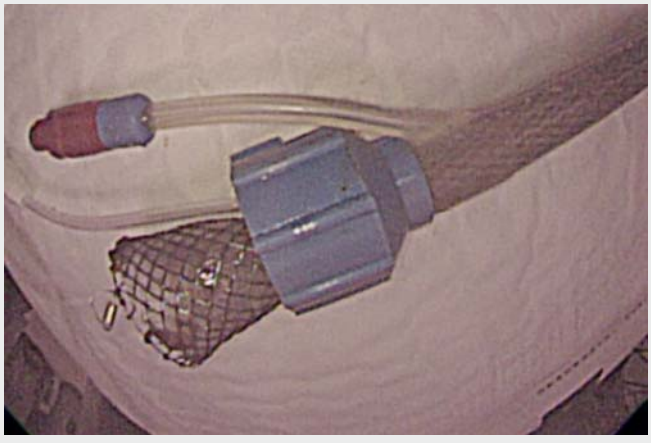
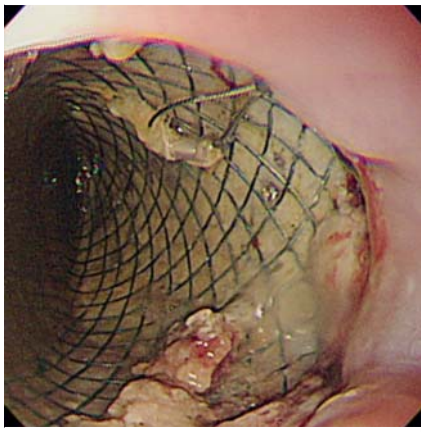
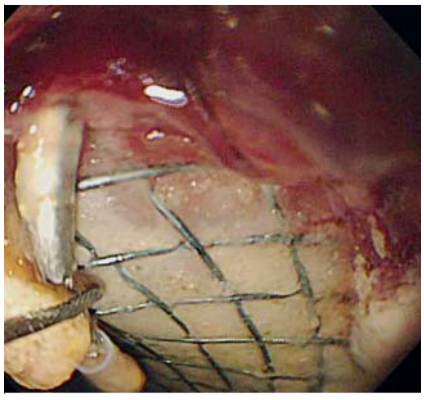


Video 1 Removing an SX-Ella Danis stent when an original Ella extractor is unobtainable.



▶ **Fig. 1** Esophagogastroduodenoscopy revealed a covered metal stent in the middle part of the esophagus.

▶ **Fig. 2** The SX-Ella Danis stent expanded after removal from the esophagus.



▶ **Fig. 3** We used a snare to capture the retrieval loop at the stent tip.

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References

[1] Hubmann R, Bodlaj G, Czompo M et al. The use of self-expanding metal stents to treat acute esophageal variceal bleeding. Endoscopy 2006; 38: 896–901

[2] de Franchis R, Baveno VI Faculty. Expanding consensus in portal hypertension: Report of the Baveno VI Consensus Workshop: Stratifying risk and individualizing care for portal hypertension. J Hepatol 2015; 63: 743–752

Bibliography

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