

Utility of a Plumber – HANARO stent in pyloric stenosis after circumferential ESD

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► Fig. 1 Lesion



► Fig. 2 Post-ESD image



► Fig. 3 Stenosis



► Video 1 Stenosis after ESD. Stent placement.

band imaging international colorectal endoscopic classification 2 and had a type VI pit pattern and affected 70% of the circumference of the pylorus and extended through the antrum towards the greater curvature. Biopsies of the lesion showed a tubular adenoma with low-grade dysplasia, which prompted the decision to perform DSE.

Endoscopy

Endoscopic submucosal dissection (ESD) was performed and an en-bloc specimen measuring 52×38×5 mm was obtained (► Fig. 2). Histologic examination revealed chronic, moderate atrophic gastropathy with intestinal metaplasia and extensive areas of low- and high-grade intraepithelial neoplasia. The lateral and deep margins were disease-free (► Video 1).

At 3 weeks after ESD, the patient presented with symptoms of pyloric stenosis and the diagnosis was confirmed endoscopically by observation of a short, punctiform pyloric stenosis (10 mm) (► Fig. 3). Three sequential dilations were performed with a CRE balloon up to 18 mm

with early restenosis on all occasions and with a progressive weight loss up to 12 kg. Finally, a 16-×30-mm fully-covered metallic stent (Plumber HANAROS-TENT; M.I. Tech, Korea) was placed, which led to clinical resolution of the stenosis at 3-month follow-up and progressive weight gain in the patient. The stent later was removed and the patient's clinical course was positive.

Conclusions

Extensive ESD is associated with a high risk of stenosis [1–3]. At the gastric level, high rates of stenosis are seen in patients who have undergone ESD that affects 75% or more of the circumference in the cardia or antrum/pylorus [2, 3]. Because of this, prophylactic measures are recommended in these cases [1–4]. The type of stent described can be useful for treatment of a short stenosis that occurs after circumferential ESD and has failed to respond to conventional techniques such as balloon dilation.

Introduction

On endoscopy, a 71-year-old man suffering from chronic, severe atrophic gastropathy, with areas of massive complete intestinal metaplasia presented with a 35-mm stage IIa/b nongranular, laterally spreading tumor (► Fig. 1). It was narrow

Competing interests

The authors declare that they have no conflict of interest.

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References

- [1] Hayashi T, Kudo SE, Miyachi H et al. Management and risk factor of stenosis after endoscopic submucosal dissection for colorectal neoplasms. *Gastrointest Endosc* 2017; 86: 358–369
- [2] Sumiyoshi T, Kondo H, Minagawa T et al. Risk factors and management for gastric stenosis after endoscopic submucosa dissection for gastric epithelial neoplasm. *Gastric.Cancer* 2017; 20: 690–698
- [3] Yamamoto Y, Kikuchi D, Nagami Y et al. Management of adverse events related to endoscopic resection of upper gastrointestinal neoplasms: review of the literature and recommendations from experts. *Dig Endosc* 2019; 31: 4–20
- [4] Shibagaki k, Yuki T, Taniguchi H et al. Prospective multicenter study of the esophagel triamcinolone acetonide-filling method in patients with subcircumferential esophageal endoscopic submucosal dissection. *Dig Endosc* 2020; 32: 355–363

Bibliography

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