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Meeting abstract

Oesophageal stent in unresectable cancer in elderly

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Background

Oesophageal cancer is responsible for 10,000 cancer deaths in the United States and for 300,000 deaths in the world each year.

Aim of this study is to evaluate the displacement rate of EsophaCoil used in treatment of oesophageal cancer.

In our department we prefer to use nitinol self-expanding stents (Esophacoil, Instent Inc., USA) for the radial force that allow complete and rapid expansion even in the presence of thigh stenoses, the rapid relief of dysphagia, adaptability of the spirals to the strictures with consequently greater adhesion to the neoplasia and lower percentage of dislocations, the lower percentage of tumoural ingrowth due to the serrated matching to the spirals.

Patients and methods

In our service from January 1995 to October 2002, 56 nitinol self-expanding stents (Esophacoil) were successfully placed endoscopically in 54 patients. Indication of endoscopic treatment was unresectable oesophageal cancer in all patients except one. The other patient was affected by unresectable carcinoma of the bronchus. Procedures for stent placement was: 1) Introduction of the endoscope (Olympus GIF 100, GIF N30) to ascertain the diameter and length of the stricture; 2) dilatation of tight stenoses using Savary-Gilliard-Bougies (15-21-30 F); 3) reintroduction of the endoscope to beyond the stenosis and positioning of guide wire at the antral level; 4) identification and marking with metallic strips on the skin, at the distal and proximal ends of the stenosis; 5) sliding the delivery catheter on the guide wire with the fluoroscopic localization of the stent in correspondence to the stenosis; 6) release of the retainers and removal of the catheter and the guide wire; 7) endoscopic check of expended stent.

Results

In our series the percentage of dislocation of stent is quite rare presenting only in four patients on 56 applications made. These data (7.14%) are comparable to those reported in literature (7.5%).

Conclusion

Self-expanding stents are the best choice in the treatment of unresectable oesophageal cancer. EsophaCoil, has the advantage of opening spontaneously, doesn't need probable multiple dilatation because its radial force allows complete and rapid expansion even in the presence of thigh stenoses with consequent rapid relief of dysphagia. It also presented an elevated adaptability of the spirals to the strictures with consequent greater adhesion to the tumour, a lower percentage of dislocations and a lower percentage of tumour ingrowths due to the serrated matching to the spirals and an easy removal in case of migration or malposition.