

# Intestinal Obstruction Due to Migrated Oesophageal Stent: A Case Report

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## ABSTRACT

Use of the endoscopic self-expandable metallic stent is a non-surgical technique to recanalizing in patients with malignancy. It is a feasible and effective technique but the

risk of stent migration is high. Herein, we report a case of mortality ileal obstruction due to migrated oesophageal stent.

**Keywords:** Complication, Dysphagia, Esophagogastric junction cancer

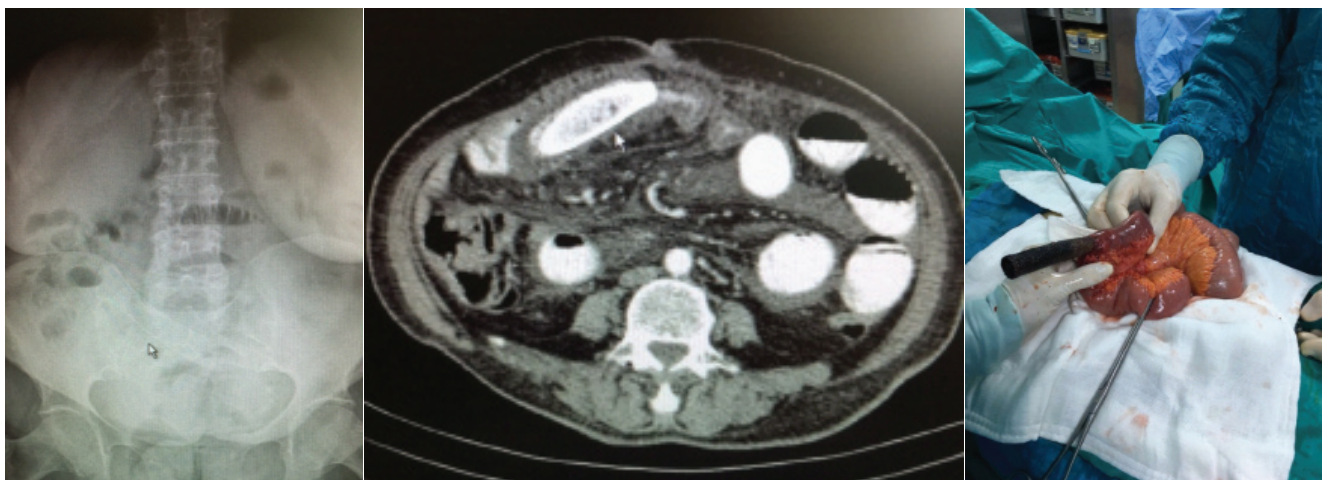
## CASE REPORT

A 53-year old female patient who had covered SEMS for unresectable esophagogastric junction cancer was admitted to the hospital with complaints of abdominal pain and vomiting. The stent was inserted six months ago for cancer due to obstruction. In her physical examination, distension was observed and there were re-bound tenderness in all quadrants of abdomen. Initial blood tests showed haemoglobin of 9.1 g/dL, haematocrit of 23.9%. C-reactive protein was 429 mg/L and the other biochemical tests were normal. X-ray and CT confirmed that she had an intestinal obstruction caused by stent migration [Table/Fig-1,2]. Surgery was performed and laparotomy revealed an obstruction localised in the ileum due to the migrated oesophageal stent [Table/Fig-3]. There was

no perforation on the small intestine. A 2 cm (approximately) incision was made and the stent was taken out of the ileum. The incision was closed primarily. Anastomotic leak occurred in post-operative day four. Re-laparotomy was performed urgently. Posterior side of the anastomosis was separated. Double barrel ileostomy on right lower quadrant of the abdomen was done. Unfortunately, the patient died due to sepsis caused by anastomotic leakage.

## DISCUSSION

Non surgical palliative techniques are available to recanalize malignant obstruction. Oesophageal stents have been used in patients with malignant dysphagia [1]. The endoscopic Self-Expandable Metallic Stent (SEMS) is a good option



**[Table/Fig-1]:** X-ray graphy demonstrating stent migration. **[Table/Fig-2]:** Computed tomography demonstrating intestinal obstruction caused stent migration. **[Table/Fig-3]:** Migrated esophageal stent. (Images from left to right)

in patients with unresectable malignancy [2-4]. Stent insertion and consequently, complications has increased in recent years. Complications encountered with the use of oesophageal SEMS insertion comprise perforation, bleeding, stent migration, reflux, chest pain, recurrent dysphagia, and food bolus impaction. The most complications are stent obstruction and migration [5]. For SEMS, stent migration occurs at a frequency of 16–25% [2]. Chemotherapy may increase the risk of stent migration [6]. Using SEMS instead of plastic can prevent the migration of oesophageal stents [7]. There is no optimised stent form or a stent placement technique. In general, most stents migrate no further than stomach and remain in the stomach without complications [8]. Thus, small bowel obstruction is a rare complication of migrated oesophageal stent. Often surgery may be the only treatment option in a patient with intestinal obstruction due to migrated stent.

## CONCLUSION

Use of SEMS for patients with malignant dysphagia has become a feasible alternative to surgery. However, patients should be informed about the complications. Stent migration can be the cause of intestinal obstructions. It is important to remember that stents complications may be life threatening.

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