

Introduction

Oesophageal stents are frequently employed for palliation in malignant dysphagia and in the management of various benign oesophageal disorders, including strictures, perforations, and fistulas. Despite their therapeutic benefits, stent placement is associated with potential complications that can contribute to increased morbidity and mortality. Common adverse events include stent migration (reported in up to 20% of cases).

Discussion

Oesophageal stents are associated with both short-term (e.g., migration, perforation, obstruction, haemorrhage) and long-term complications (e.g., migration, reflux, haemorrhage, obstruction, enteric fistulas). Risk factors for stent migration include malignancy, stent diameter <20 mm, plastic or fully covered stents, prior oesophageal surgery, and stent placement across the oesophagogastric junction. As migration may result in serious complications, including obstruction, perforation, and haemorrhage, stent removal is advised when feasible.

Case Description

A 60-year old Chinese man with oesophageal cancer presented with massive haematemesis one month after oesophageal stenting. He was hypotensive requiring emergency blood transfusion. A CT aortogram showed interval migration of the oesophageal stent into the stomach, together with an increase in size of the tumour. A new fully covered metal stent was deployed emergently to tamponade the bleeding tumour. However, the existing stent was unable to be removed in the same setting due to extensive blood clots hindering visualisation. He later underwent minimally-invasive McKeown oesophagectomy for the migrated stent removal.

Conclusion

Oesophageal stent migration is a significant complication in post-stenting patients presenting to the emergency department. Prompt diagnosis with urgent imaging, such as CT aortography, and early surgical consultation are critical for guiding appropriate intervention and optimizing outcomes.

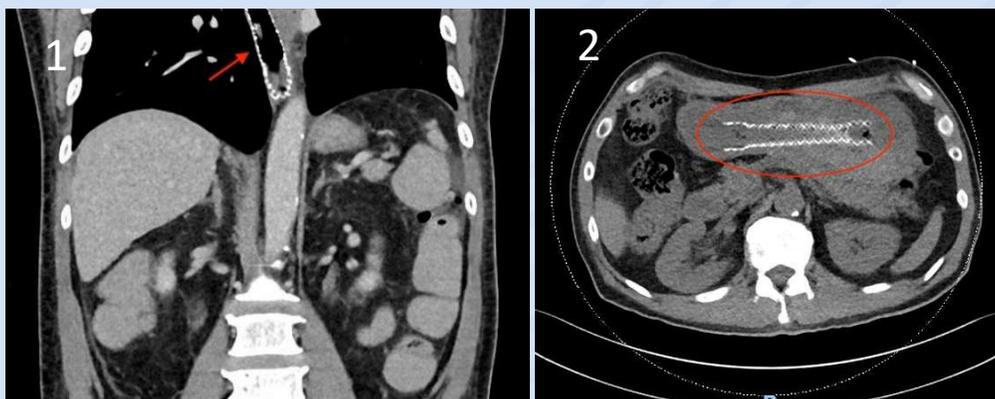


Fig 1 & 2:

CT images showing migrated stent position in coronal (red arrow) and axial views (red circle)

References:

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