

CASE VIDEO

Silence by the LAMS: Primary lumen- apposing metal stent for a colorectal anastomotic stricture (*with video*)

Vincent Zimmer^{1,2} 

¹Department of Medicine,
Marienhausklinik St. Josef Kohlhof,
Neunkirchen, Germany

²Department of Medicine II, Saarland
University Medical Center, Saarland
University, Homburg, Germany

Correspondence

Vincent Zimmer, Department of
Medicine, Marienhausklinik St.
Josef Kohlhof, Klinikweg 1-5, 66539
Neunkirchen, Germany.
Email: vincent.zimmer@gmx.de

Abstract

Lumen-opposing metal stents (LAMS) are evolving as novel treatment options in postsurgical strictures. Data on lower GI tract applications, however, are still limited, and technical procedural details need to be refined. This singular clinical report adds to the emerging experience in colorectal stricture treatment by LAMS.

KEYWORDS

anastomosis, colorectal surgery, endoscopic treatment, stent, stricture

Treatment of postsurgical colorectal strictures remains problematic due to exuberant fibrosis. Established endoscopic techniques, for example, balloon dilation and fully covered self-expanding metal stenting, are fraught by variable drawbacks, including need for repetitive sessions, bleeding, perforation, and/or stent migrations. Lumen- apposing metal stents (LAMS), albeit devised for

pancreatic collections, are ideal candidates for luminal stricture treatment, since they are covered and removable and of short length with wide flanges, thus reducing migration rates. [Figure 1](#) While this repurposed and formally off-label application is evolving and already more mature data are available concerning the upper GI tract, critical details are to be refined, such as optimal indwelling duration.¹

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](#) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2022 The Author. *Clinical Case Reports* published by John Wiley & Sons Ltd.

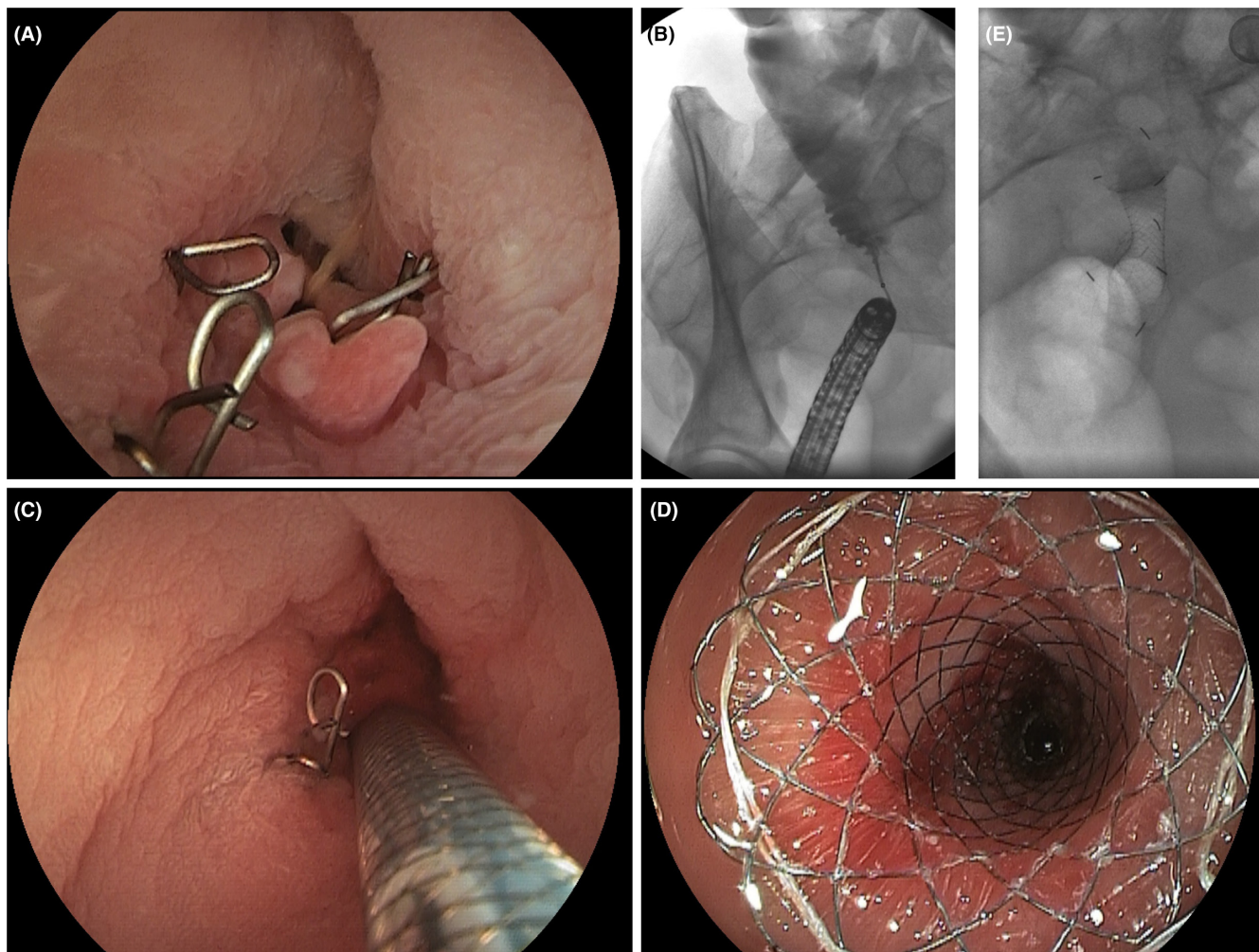


FIGURE 1 46-year-old female patient 3 months after sigmoid resection due to complicated diverticulitis. (A) Endoscopic view of the high-grade anastomotic stricture with visible surgical material. (B) Fluoroscopy confirming a filiform short stricture estimated at 20 mm in axial extension. (C) Through-the-scope introduction of the lumen-apposing metal stent (LAMS) applicator system over a 0.035-inch guidewire. (D) Endoscopic and (E) fluoroscopic illustration of the LAMS (30 x 16 mm NAGI stent, Taewoong-Medical, Ilsan, Korea) deployed with full coverage of the stricture (note suture at distal flange for future removal)—compare also *suppl. Video*. The patient took an uncomplicated further clinical course. Outpatient extraction of the LAMS was uncomplicated after 3 months with a favorable long-term result

AUTHOR CONTRIBUTIONS

VZ contributed to endoscopic and clinical care and drafting and finalization of the manuscript.

ACKNOWLEDGMENT

Nothing to declare. Open Access funding enabled and organized by Projekt DEAL. WOA Institution: UNIVERSITÄT DES SAARLANDES Consortia Name : Projekt DEAL

CONFLICT OF INTEREST

Nothing to declare.

DATA AVAILABILITY STATEMENT

Data available on request due to privacy/ethical restrictions

CONSENT

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

ORCID

Vincent Zimmer  <https://orcid.org/0000-0002-6298-4717>

REFERENCE

1. Irani S, Jalaj S, Ross A, Larsen M, Grimm IS, Baron TH. Use of a lumen-apposing metal stent to treat GI strictures (with videos). *Gastrointest Endosc.* 2017;85:1285-1289.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Zimmer V. Silence by the LAMS: Primary lumen-apposing metal stent for a colorectal anastomotic stricture (*with video*). *Clin Case Rep.* 2022;10:e06225. doi: [10.1002/ccr3.6225](https://doi.org/10.1002/ccr3.6225)