Temporary placement of a fully covered selfexpanding metal stent to allow therapeutic ERCP

A 64-year-old man with a previous history of laryngectomy followed by chemoand radiotherapy was referred to us in January 2014 because of dysphagia. Endoscopy detected a 4-cm-long benignappearing stricture in the hypopharynx (diameter 7 mm) and a 6-cm-long malignant circumferential lesion in the midesophagus (diameter 8 mm).

The patient was judged to be unfit for surgery, and therefore a fully covered self-expandable metal stent (FC-SEMS), 180×80 mm, was placed. Through-thescope balloon dilation (CRE 10–11–12 mm; Microvasive, Boston Scientific Co., Natick, Massachusetts, United States) of the hypopharyngeal stricture was performed.

In February 2014 the patient developed a relapse of the hypopharyngeal stricture and jaundice due to compression of the common bile duct by the lymph nodes. Through-the-scope dilation of the stricture was performed, and a 14×16×100 mm FC-SEMS (Conio-Niti-S; Taewoong Medical, Seoul, Korea) was placed. The stent was removed 48 hours later immediately before therapeutic endoscopic retrograde cholangiopancreatography (ERCP). The duodenoscope could be easily inserted through the hypo-

pharyngeal stricture, and ERCP revealed a 3-cm stricture (diameter 1 mm) of the common bile duct. A 60×10-mm biliary SEMS was placed at the biliary stricture. Refractory hypopharyngeal stenosis is the most frequent long-term complication after laryngectomy followed by radiotherapy [1,2]. A stricture in the proximal esophagus occurs in 10%-58% of these patients [3]. Introduction of a dedicated and effective hypopharyngeal removable SEMS has changed the endoscopic therapy of these patients [4]. In this case, it enabled the endoscopic palliation of a biliary stricture, by allowing for the passage of the duodenoscope through a previously severely stenosed esophagus (> Video 1).

Video 1

Temporary placement of a fully covered, selfexpandable, metal stent at an esophageal stricture enabled passage of the duodenoscope for therapeutic endoscopic retrograde cholangiopancreatography.

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Competing interests: None

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