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Double stenting in advanced colorectal cancer

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DESCRIPTION

An 86-year-old woman presented with complete large bowel obstruction secondary to tumour ingrowth of a previously placed enteric stent (figure 1). She was deemed not fit for surgical intervention. A second stent (covered ultraflex stent) was inserted through the occluded bare-metal stent using a combination of endoscopy and fluoroscopy (figure 2). Recovery was uneventful and CT 4 months later demonstrated stent patency (figure 3).

In recent years enteric stents are increasingly being used for local palliation in obstructing tumours. They

can be utilised as an emergency measure to unblock the bowel with definitive surgery carried out electively, avoiding emergency surgery and reducing potential for stoma requirement. They may also be used as a primary treatment in unfit patients or patients with extensive metastasis. It also offers a faster recovery time (permitting earlier administration of chemotherapy) and a shorter hospital stay.

Insertion is generally performed under sedation with the aid of fluoroscopy/endoscopy. Adverse effects include pain, diarrhoea, urgency, faecal incontinence, rectal bleeding,

Figure 1 Image from gastrograffin enema demonstrating complete occlusion of the original bare-metal stent.

Figure 2 (A) Guidewire passed through occluded stent. (B) Covered enteric stent deployed inside occluded stent. (C) Gastrograffin showing patency of new covered stent.

Figure 3 CT – 4 months postprocedure demonstrating stent patency.

stent migration, fracture, occlusion and repeat procedures.¹ Distal tumours are generally suitable for stenting; however, with transverse colon and proximal tumours stenting is challenging due to redundancy of the colon and is associated with higher failure rates.

Studies have shown that stenting is safe, effective and more economical than surgical palliation.^{2 3} In our case we successfully restented a blocked bare-stent with a covered stent which should prevent future tumour ingrowth and patient has remained asymptomatic for the past 4 months.

Competing interests None.

Patient consent Obtained.

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