To stent or not to stent? That is the question

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In this issue of the Journal, Liang and colleagues1 from the Division of Thoracic Surgery at The Methodist Hospital in Houston, Texas present a series of 83 patients who had a covered or partially covered self-expanding metal stent (SEMS) placed in the esophagus. The most common indications for placement included iatrogenic esophageal perforation (21%), spontaneous esophageal perforation (23%), and anastomotic leak following esophagectomy (46%).

Stent placement for malignant etiologies was excluded. The authors found that stent placement was effective in treating 68 patients (82%), in keeping with previous reports.2-5 The reported series had a stent migration rate of 16.5% overall, with a lower rate of migration in the partially covered group (1.7%) compared with the covered stent group (14.8%). However, 42% of the patients required multiple stent placements during the course of treatment.

Evaluating the meaning of a comparison of migration rates in the 2 types of SEMS is difficult because of the small group sizes and the nonstandardized way in which nonmigration countermeasures were used. It is also difficult to reconcile the low reported migration rate with the much higher rate of repeated stent placements. Although the former is commendable, it is a relatively moot point in light of the latter and the need for repeated endoscopy and stent placement.

The strength of the authors’ work is in their experience using SEMS in a temporary fashion. Although SEMS has long been used for malignant strictures and later malignant fistulae, there is concern regarding placing SEMS in patients with benign disease. This concern stems from the potential difficulty in removing these stents without causing further damage to the esophagus and the potential for difficult extractions after stent migration. Although the authors report that 1 patient had a new perforation after stent removal, none of the other patients experienced any reported detrimental effects from the use of SEMS.

Stent placement for acute perforation of the esophagus and anastomotic leak after esophagectomy has become a valuable tool for thoracic surgeons. The report of Liang and colleagues adds valuable information to the body of literature regarding esophageal stent use in such patients. Although this does not answer the questions of superiority between plastic stents and SEMS, it does provide support for using SEMS in patients with benign esophageal disease without the fear of difficult extraction and migration.

References