

Endoscopic GJ with LAMS for preoperative nutrition in neoplastic gastric outlet obstruction

David L. Cheung MD², Vamsi Vemireddy MD², Peter Nguyen MD², Amirali Tavangar MD¹, Jason B. Samarasena, MD, MBA, AGAF, FACG¹

¹Digestive Health Institute, University of California Irvine Medical Center

²University of California Irvine Department of Medicine



Learning Objectives

- Present a novel utilization of lumen-apposing metal stents (LAMS) as bridge to treat malnutrition for neoadjuvant chemotherapy in the context of malignant gastric outlet obstruction (GOO).

Case Presentation

- 79 y.o male with GOO secondary to metastatic gastric adenocarcinoma with 2-month history of nausea, vomiting, abdominal pain, & weight loss. Referred for duodenal stent prior to neoadjuvant chemotherapy for nutritional optimization.
- An Ultrasound-guided gastrojejunostomy was placed via 20 mm lumen electrocautery enhanced LAMS utilizing water distension within the distal duodenum and proximal jejunum to produce an acoustic interface.

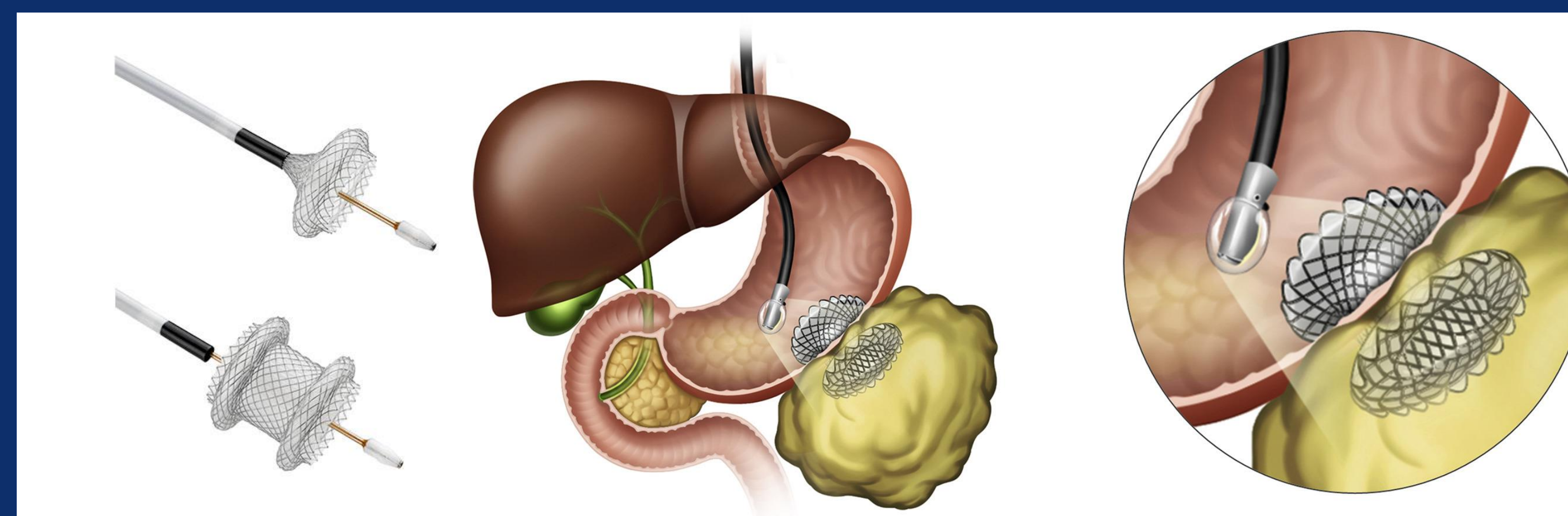


Figure 1: 20 mm lumen electrocautery enhanced LAMS device with schematic demonstrating deployment from stomach into a pancreatic pseudocyst

Clinical Course

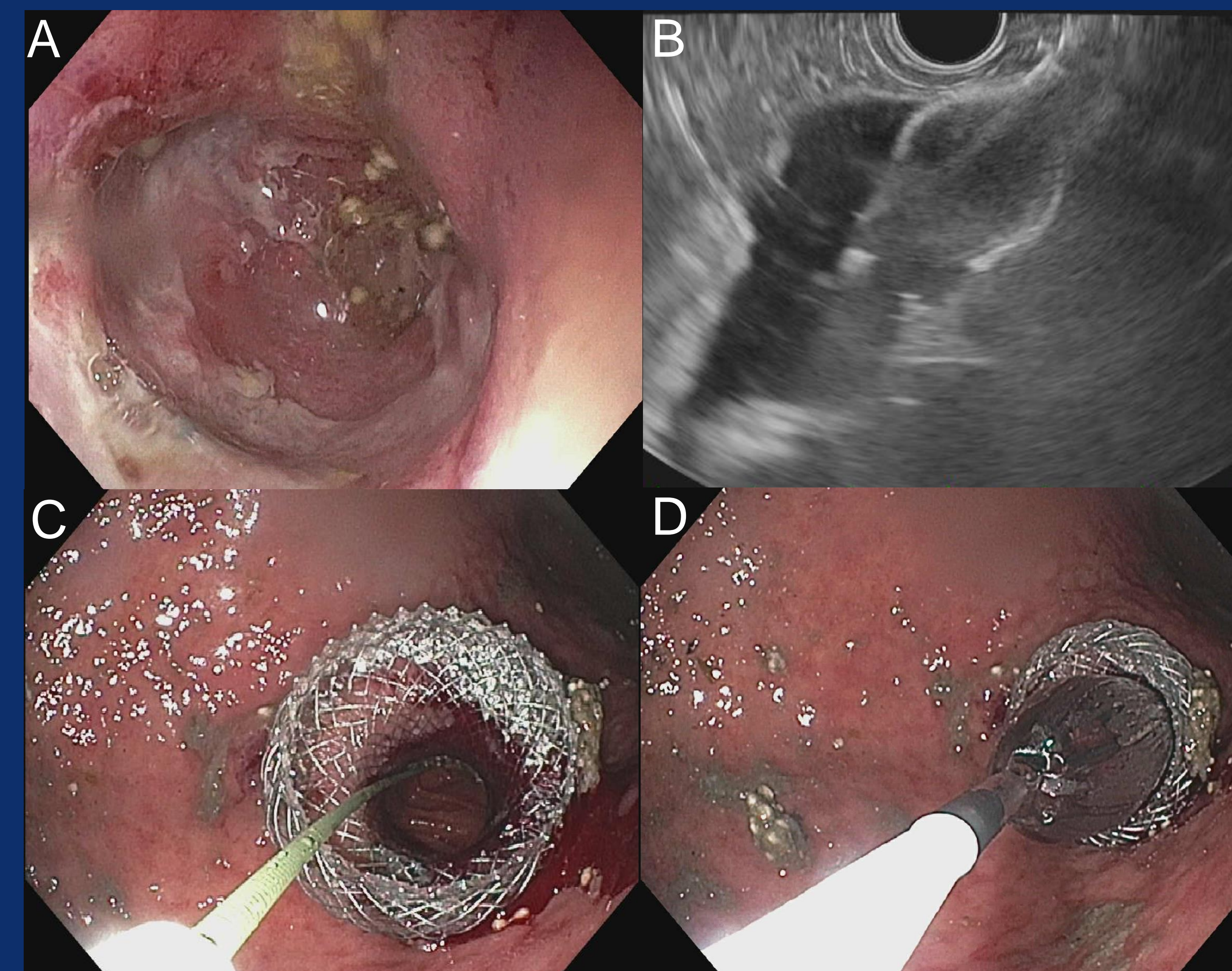
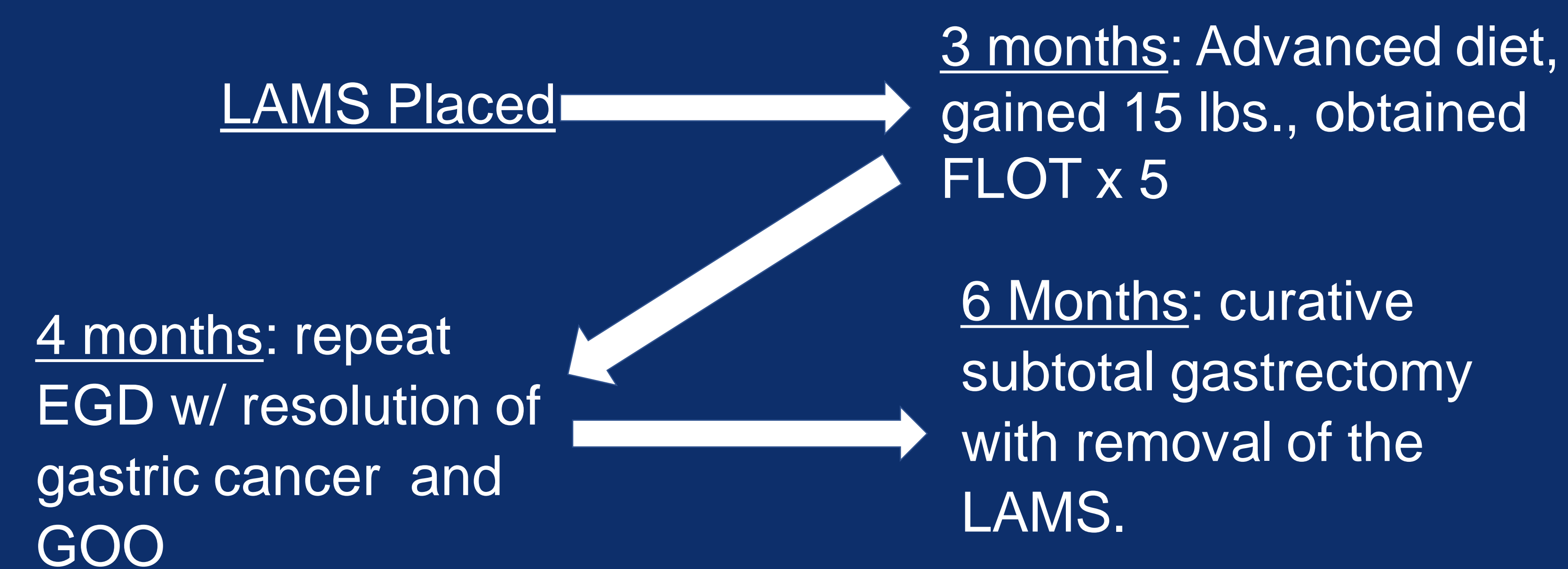


Figure 2: A) GOO secondary gastric adenocarcinoma B) US guided stent placement with water distension of distal duodenum and proximal jejunum for acoustic interface C) Deployment of 20 mm LAMS D) Balloon dilation of LAMS device to 16 mm

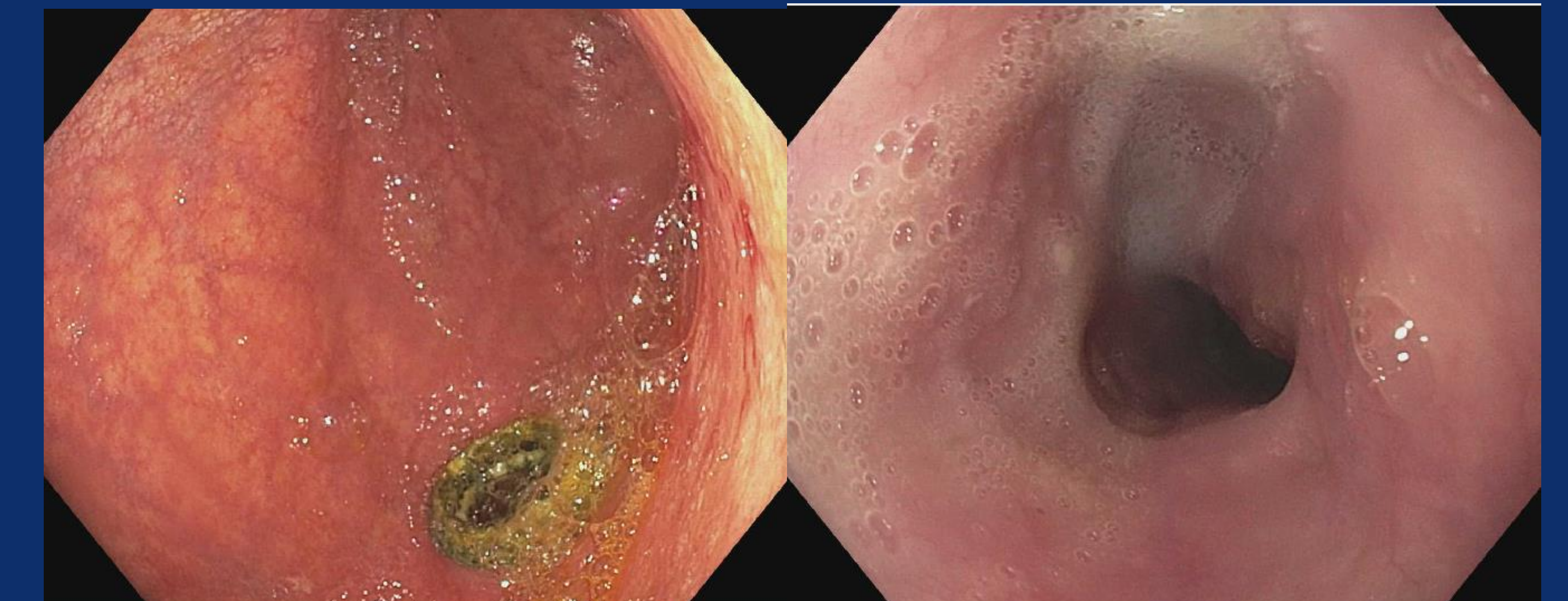


Figure 3: 4 month follow up EGD showing LAMS present and resolution of GOO status post adjuvant FLOT x5 therapy

Discussion

- This is a successful deployment of a GJ LAMS that offered
- Nutritional support to bridge to subtotal gastrectomy
- Retrograde visualization of the mass for staging
- LAMS was initially designed for trans-gastric/duodenal drainage of pancreatic pseudocyst or walled off necrosis.
- Previous case reports only noted bypass of GOO, but never as a bridge to neoadjuvant chemotherapy and subtotal gastrectomy

References

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