



Cool Stuff! Cryoablation Used to Treat Tissue Ingrowth in an Esophageal Stent

Peter H. Nguyen, MD², Julie J. Oh, MD², Sagar Shah, MD³, Amirali Tavangar, MD¹, Jason B. Samarasena, MD, MBA, AGAF, FACC¹

¹Digestive Health Institute, University of California Irvine Medical Center

²University of California Irvine Department of Medicine

³University of California Los Angeles Department of Medicine

INTRODUCTION

- Gastroesophageal cancers commonly develop complications due to mass effect
- The most common complication is esophageal obstruction or dysphagia
- Palliative treatment of dysphagia includes esophageal stents and balloon dilations
- One frequent complication is tissue ingrowth especially with non-covered stents (up to 4-47%)
- This is a case of cryoablation used to treat esophageal stent ingrowth from gastric cancer

CASE DESCRIPTION

- We present an 89 year old male who presented to his primary care provider with difficulty swallowing liquids and solids.
- He had an EGD which revealed adenocarcinoma with extension into the GE junction causing esophageal obstruction. He was referred to interventional GI for stent placement.
- There was a friable tumor and distal esophageal narrowing. The appearance of the tumor was suspicious for gastric adenocarcinoma (linitis plastica).
- A partially covered esophageal stent 20 mm x 10 mm was placed in the distal esophagus.
- 2 months later the patient had hematemesis and anemia concerning for tumor bleed. On repeat EGD, the proximal end of the stent had extensive tissue ingrowth. The proximal tissue ingrowth was treated with Liquid Nitrogen Spray Cryoablation (20 sec x 2 cycles).
- Repeat EGD 2 weeks later showed improvement in the proximal area. The distal portion continued to be free of ingrowth. The scope was able to easily pass and there was no active bleeding.

Figures

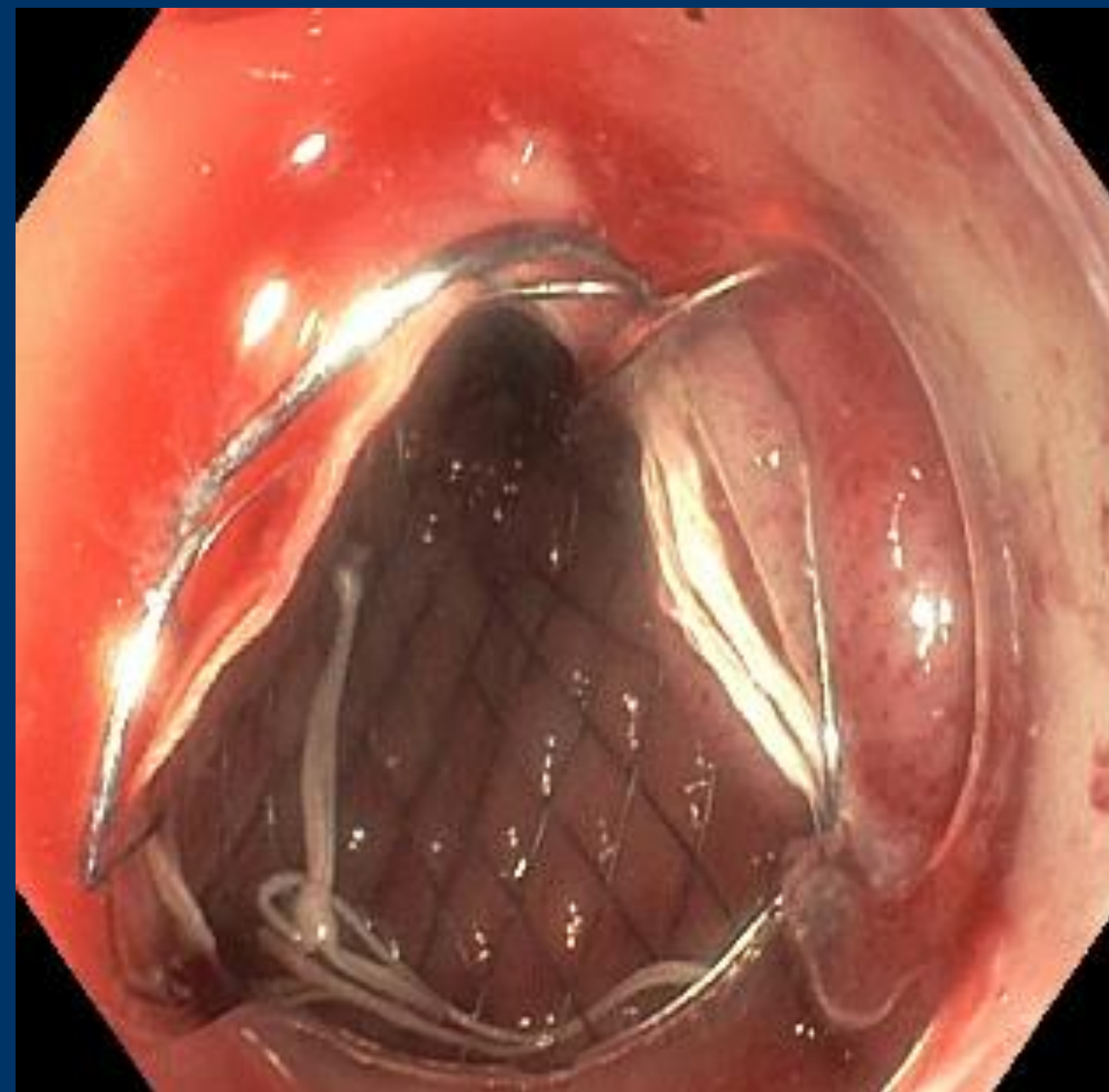


Figure 1: Initial EGD with stent placement



Figure 2: 2 month follow up showing extensive tissue ingrowth of the proximal stent

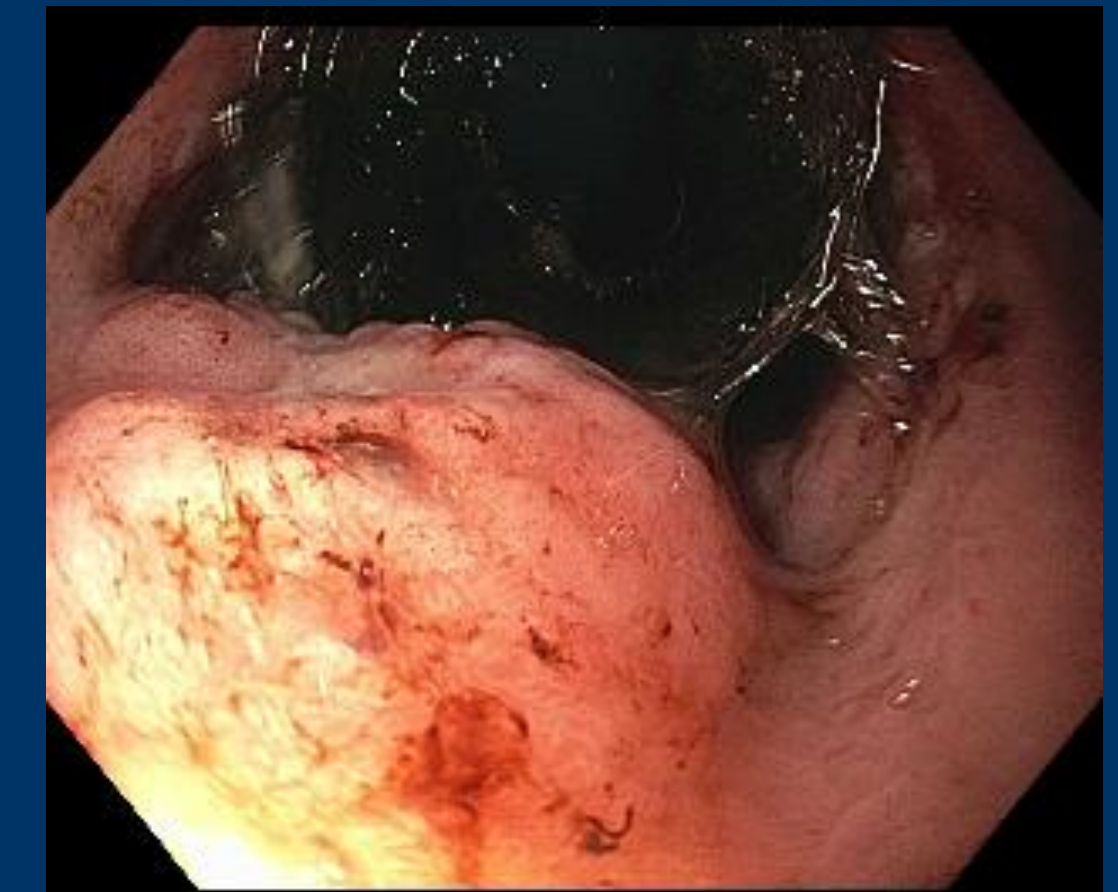


Figure 3: 2 weeks post cryoablation with stent lumen intact

DISCUSSION

- Dysphagia and obstruction from gastroesophageal cancers can be treated with esophageal stenting
- Complications include re-narrowing and bleeding from tissue ingrowth
- This can be addressed with stent removal and re-stenting
- This case demonstrates the successful use of cryoablation for stent ingrowth
- Cryoablation may be a useful option for stent ingrowth and being actively studied