

### Introduction

Complete esophageal stenosis is a rare complication of radiotherapy for head and neck cancers. The associated dysphagia severely impacts quality of life even when alternative routes of feeding are established. Different techniques for endoscopic management of complete esophageal stenosis have been described.

We report an interesting case of total esophageal obstruction successfully treated with rendezvous endoscopic recanalization.

### Case Description

A 76-year-old male with a history of subglottic squamous cell carcinoma status post chemoradiotherapy with a feeding gastrostomy and tracheostomy tube presented with worsening of his chronic dysphagia, now unable to swallow oral secretions.

Esophagogastroduodenoscopy (EGD) a month prior revealed total stenosis of upper third of esophagus.

On exam vitals were normal with BMI 20.68 kg/m<sup>2</sup>. Abdomen was nontender, with a feeding gastrostomy tube in place. Patient was seen by the gastroenterology service and had an EGD with an antegrade-retrograde rendezvous procedure as described.

Fig A

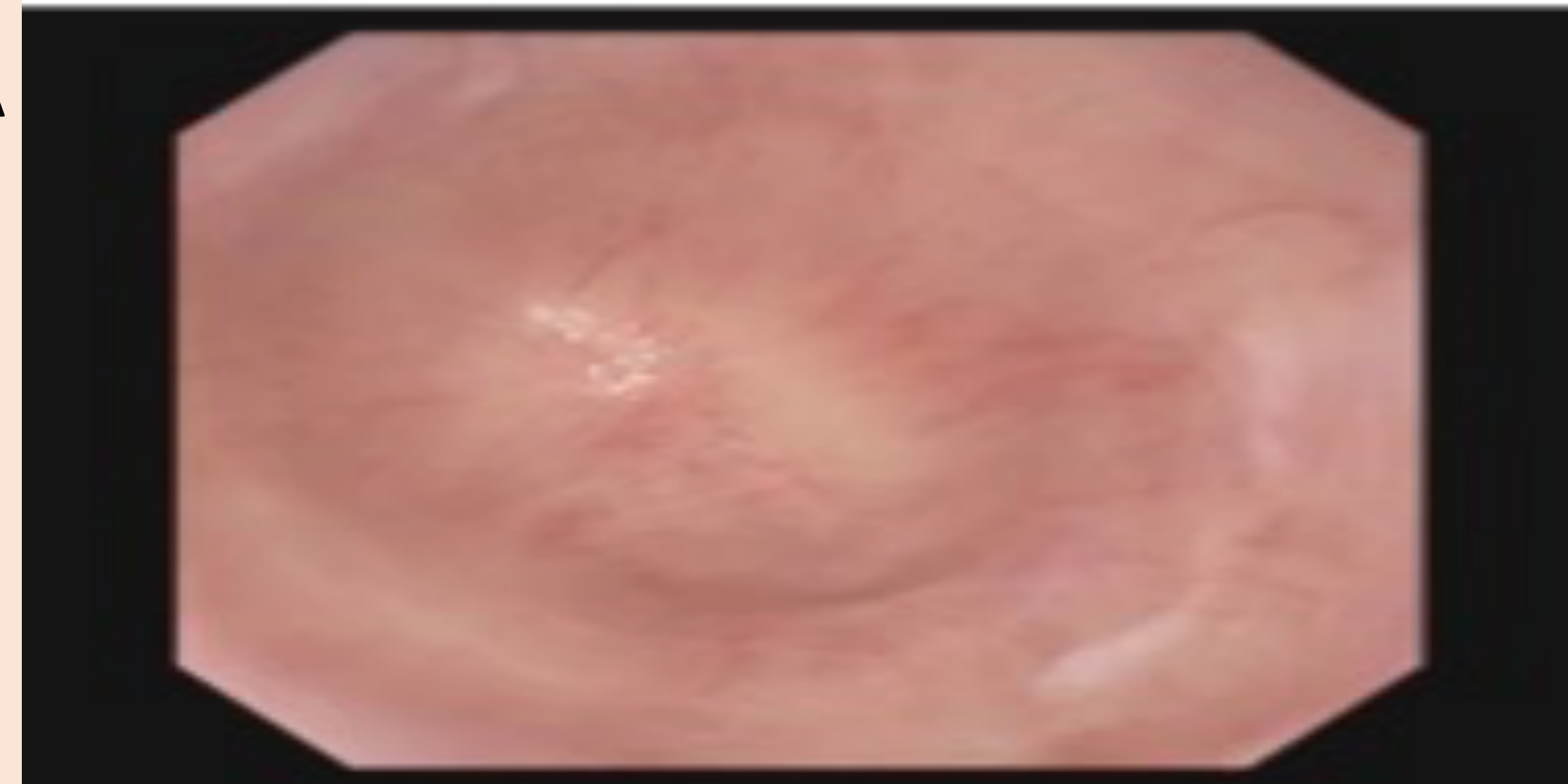


Fig B

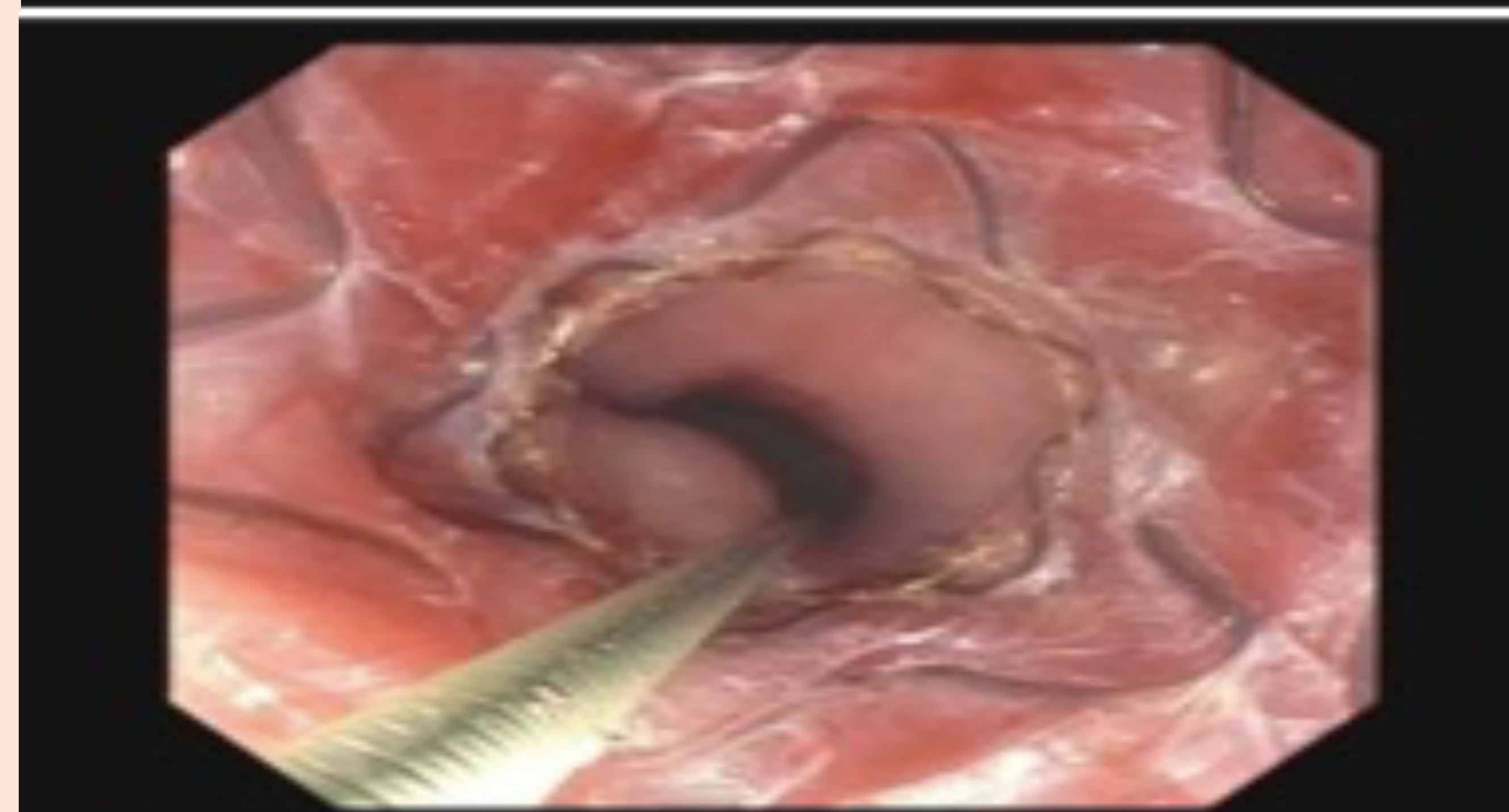


Fig C



Fig A. Complete esophageal stenosis

Fig B Boston scientific wire and stent in situ

Fig C Stent in place at end of procedure

### Procedure

Complete esophageal stenosis was identified at 20cm from incisors. A pediatric gastroscope was advanced through the gastrostomy tube site in a retrograde fashion to the site of obstruction. A Boston scientific stiff wire was probed through the thinnest area which was determined by transillumination and advanced into the pharynx. An adult gastroscope was advanced through the mouth and the wire grabbed with a rat tooth forceps. A guide wire was then threaded through the canalized obstructed segment in an antegrade fashion and then loaded with a CRE balloon. The stenosed segment was balloon-dilated to 9 mm and then stented with a 10 mm x 40mm GORE VIABIL. Images of the procedure are shown in figures A, B & C. Post-op, patient noted return of worsening dysphagia after 48hours. Repeat EGD showed the esophageal stent partially clogged with tissue debris. The stent along with the tissue debris was removed. The area was dilated to 12 mm and re-stented with a GORE VIABIL 10 mm x 80 mm. Dysphagia significantly improved afterwards.

### Discussion

This case illustrates the successful endoscopic treatment of complete esophageal stenosis using antegrade-retrograde rendezvous procedure. Though there are no randomized trials on this approach, it is an effective means of treatment. The success of recanalization depends on features such as location and length of the stenosis. Complications associated with the procedure include clogging of stent as seen in our patient. However, overall safety and success is higher compared to antegrade dilatation only.