

Introduction

- Endoscopically placed colonic stenting is a palliative measure that can be used for unresectable metastatic colon cancer.
- It is a relatively safer procedure with a mortality rate of about 3.9%, as compared to emergent surgery (9.4%).
- Intussusception is a rare complication of colonic stenting that occurs when the bowel telescopes about itself, possibly leading to obstruction or ischemia.
- Here we present a patient with intussusception six days after placement of a self-expandable rectosigmoid metal stent. We demonstrate successful reduction of rectosigmoid intussusception through colonoscopy with air insufflation.

Case Presentation

- A 35-year-old female presented with 3 days of constant and progressively-worsening rectal pain, bloody rectal discharge, and thin stool
- Her past medical history was significant for metastatic colon cancer treated with sigmoid colectomy and chemotherapy two years prior, with recurrence of disease requiring palliative self-expandable rectosigmoid metal stent placement 6 days prior to arrival.
- Vital signs were normal. She did not appear in acute distress and was hemodynamically stable. Pertinent examination findings included lower abdominal tenderness, normal bowel sounds, and normal rectal tone.
- Labs revealed WBC 12.4, Hgb 13.2, Plt 443, AST 14, ALT 8, ALP 77, total bilirubin 0.7, and a lactate of 0.9.

Hackensack Meridian Health – Palisades Medical Center

7600 River Rd, North Bergen, NJ 07047 Hackensackmeridianhealth.org (201) 854 - 5000

A Rare Case of Colonic Intussusception After Self Expandable Metal Stent Placement

Bilal Niazi, MD¹; Chinmay Trivedi, MBBS¹; Zahf Shaikh, DO¹; Saad Ali, MD¹; Sameh Elias, MD¹; Michael Sciarra, DO¹ ¹Hackensack Meridian Health – Palisades Medical Center



Figure 1: A. A view of the distal aspect of the rectosigmoid stent revealing adequate translocation of tumor mass without evidence of obstruction. B. A view of the proximal aspect of the rectosigmoid stent revealing a dusky appearance, with thickening of the bowel. C. A view of the proximal aspect of the stent with the ball-shaped mass in a dusky appearance consistent with intussusception, as seen by arrows.

Images

- ischemic colitis.

References

Sep;47(5):415-9.





Case Presentation (Cont.)

• CT scan of the abdomen and pelvis revealed intussusception at the proximal sigmoid colon without evidence of bowel obstruction.

 Colonoscopy revealed ball-shaped mucosa with a dusky appearance at the proximal end of the stent, consistent with intussusception and

The intussusception was successfully reduced with air insufflation through colonoscopy. The patient tolerated the procedure well and was started on a diet the next day with an improvement in her rectal pain and resolution of rectal discharge.

Discussion

• Endoscopic colonic stenting remains a valuable palliative treatment for metastatic colon cancer.

 Survival rates of metastatic colon cancer do not significantly differ between palliative colonic stenting and colonic resection.

• However, there are fewer complications with colonic stenting than colectomy, making palliative stenting a preferred option.

• Intussusception is a rare complication of colonic stenting that is often treated surgically in adults.

• Here we demonstrate successful reduction of intussusception through colonoscopic air insufflation. We hope to bring awareness of this complication and consideration to air insufflation as first-line therapy.

1. Veld J, Umans D, van Halsema E, Amelung F, Fernandes D, Lee MS, Stupart D, Suárez J, Tomiki Y, Bemelman W, Fockens P, Consten E, Tanis P, van Hooft J. Self-expandable metal stent (SEMS) placement or emergency surgery as palliative treatment for obstructive colorectal cancer: A systematic review and meta-analysis. Crit Rev Oncol Hematol. 2020 Nov;155:103110.

2. Bhardwaj R, Parker MC. Palliative therapy of colorectal carcinoma: stent or surgery? Colorectal Dis. 2003 Sep;5(5):518-21. doi: 10.1046/j.1463-1318.2003.00519.x. PMID: 12925093

3. Han SH, Lee JH. Colonic stent-related complications and their management. Clin Endosc. 2014