



Inadvertent Treatment of a Vertical Banded Gastroplasty Stricture with a LAMS for Two Years

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INTRODUCTION

- Lumen-apposing metal stents (LAMS) are innovative endoscopic devices representing the next significant advancement in stent technology
- Clinical indications for using LAMS include biliary drainage, gastroenterostomy, or management of luminal tract strictures
- Significant characteristics include larger lumen diameter and a unique “dumbbell” shape that can help reduce migration
- Studies have demonstrated advantages with using LAMS such as shorter procedure times and overall reduced repeat endoscopic procedures
- Most common consequences of LAMS include bleeding, biliary stricture, and buried LAMS syndrome

CASE DESCRIPTION

We present a previously healthy 68 year old female with a Vertical Banded Gastroplasty Stricture that has been refractory to multiple repeat endoscopies for dilation therapy. Patient then underwent LAMS (Axios 15mm x 10mm stent) placement without any difficulties. Due to onset of the COVID pandemic, patient was lost to follow up. On a repeat EGD two years after placement, the stent was still in its original location. There was mild gastric tissue overgrowth at the right lateral side of the LAMS. The stent was removed without any difficulty or signs of bleeding. The stricture still remained dilated as the endoscope could be passed through without any difficulty. Symptom wise, she improved significantly. Patient was able to tolerate more intake of solids and liquids.

Figures

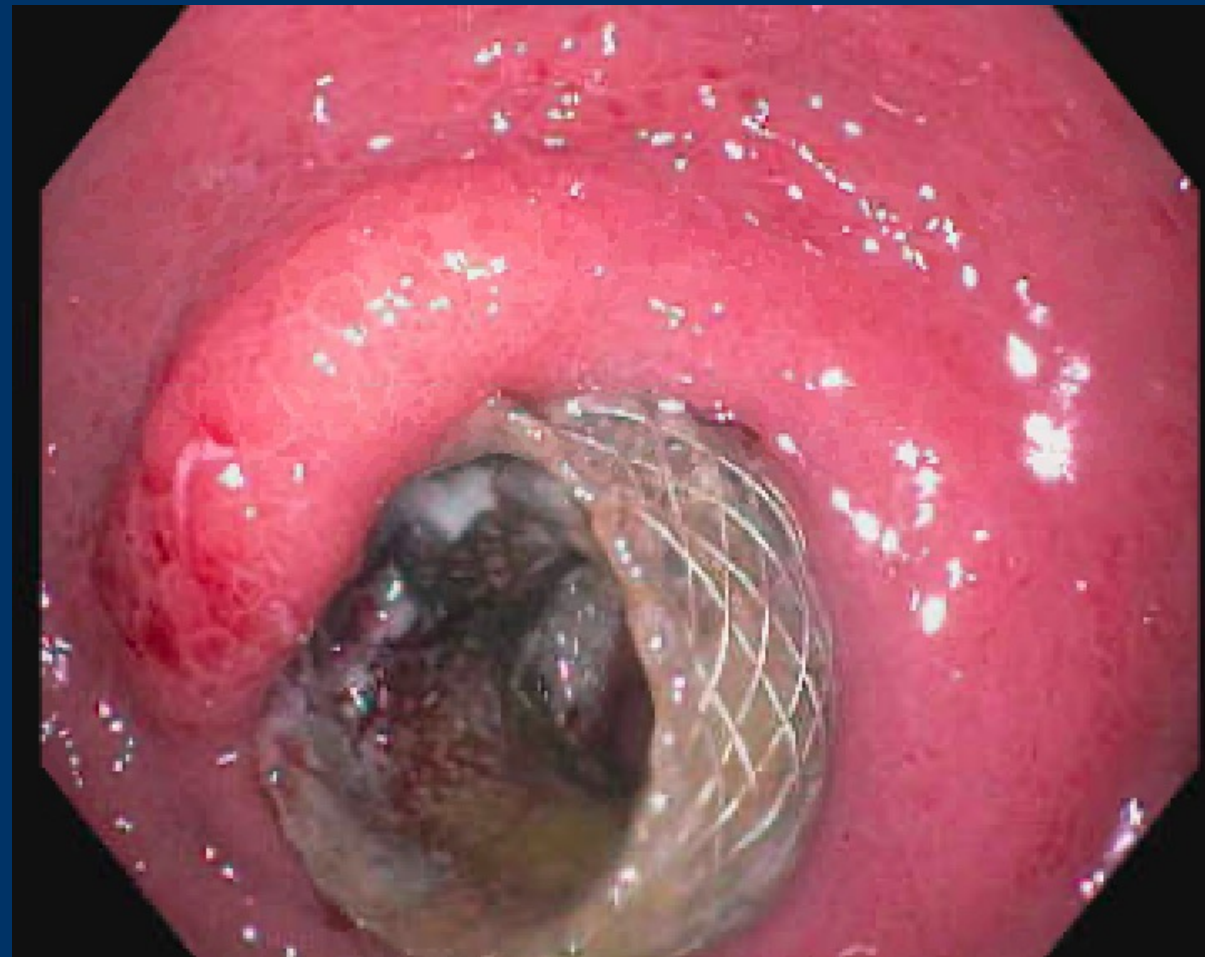


Figure 1: LAMS in the same location as initial placement three months prior. Signs of mild tissue overgrowth are present

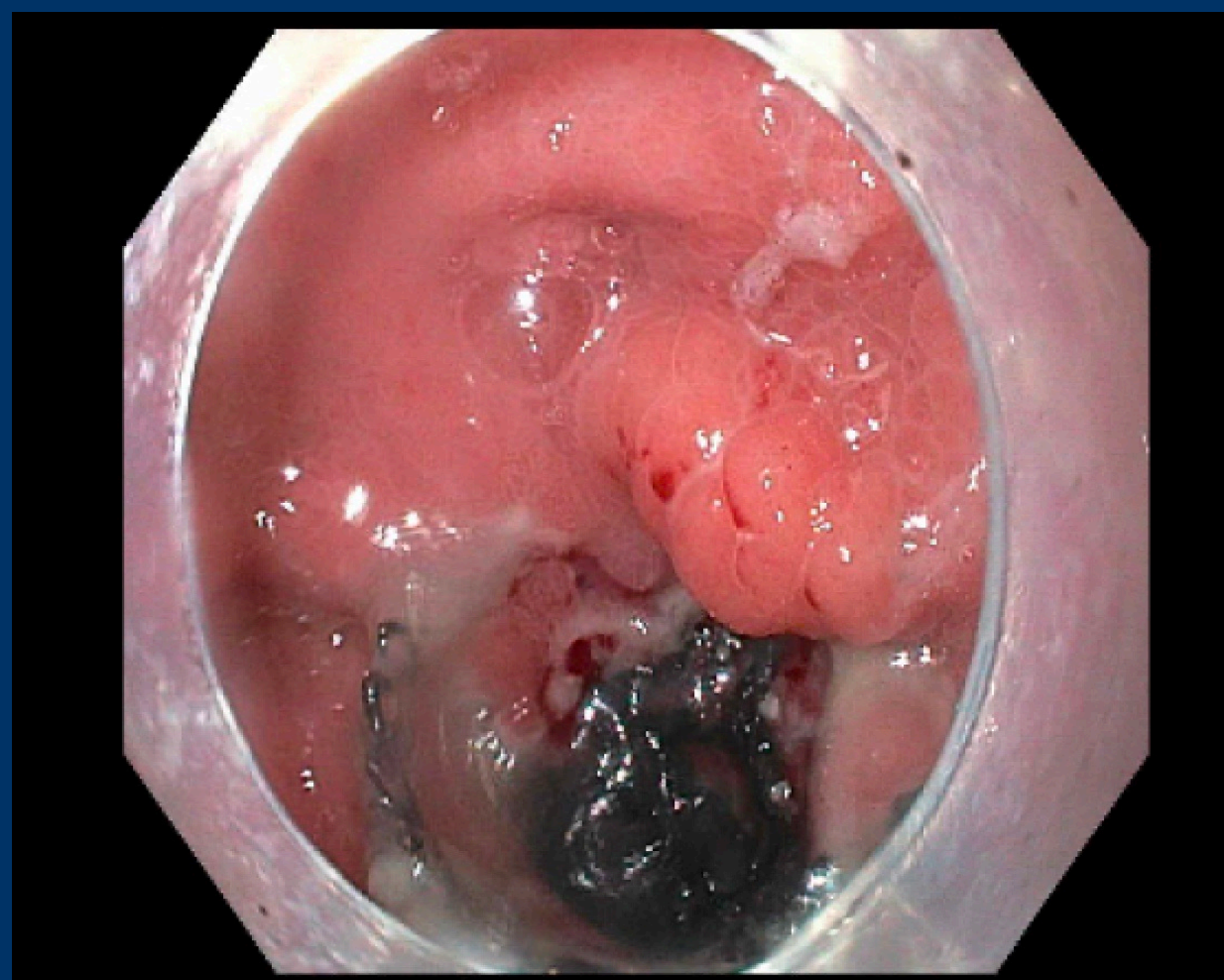


Figure 2: LAMS in the same location as the initial placement two years prior. There are signs of interval mild tissue overgrowth



Figure 3: LAMS after removal with signs of mild tissue overgrowth along the proximal edge

DISCUSSION

- This case is unique in regards to the length of time in which the LAMS remained in position with minimal complications
- The unique architecture of the LAMS likely had a significant role in reducing the overall complications
- From a literature review, no study has demonstrated a LAMS in place as long as two years for stricture management
- Minimal bleeding upon removal
- No true buried LAMS syndrome as there was only minimal tissue overgrowth
- Overall, vast majority of studies do not recommend prolonged stent placements due to risks of bleeding, stricture formation, migration, and embedding in mucosa.