# Dislodged Esophageal Stent Extracted via PEG Tube Site: An Uncommon Solution for a Real Life Problem.

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## INTRODUCTION

- Esophageal stents have been used for management of refractory benign strictures and has risk of stent migration even with endoscopic suturing or clipping techniques.
- With esophageal stricture present, the retrieval of the migrated stent becomes a dilemma.
- We present one such case that required retrieval of the migrated stent through a pre-existing percutaneous endoscopic gastrostomy (PEG) tube site

## CASE DESCRIPTION

- A 62-year-old man with history of supraglottic small cell carcinoma treated with chemo-radiation therapy developed a severe benign esophageal stricture.
- He had multiple esophageal dilations and steroid injections which failed and eventually treated by esophageal stent placement with stent fixation via endoscopic suturing.
- He presented with food impaction and esophagogastroduodenoscopy (EGD) found a severe distal esophageal stricture which could only be traversed with a pediatric gastroscope.
- The previously placed 20mmx80mm fully covered self-expanding metal stent (FCSEMS) had migrated into the stomach (Fig 1a).
- Exhaustive attempts at endoscopic retrieval past the esophageal stricture was unsuccessful.
- He had a pre-existing 20Fr PEG tube and the PEG tract was gradually balloon-dilated to 15mm.
- An adult gastroscope was passed through the PEG site and a raptor forceps was used to grab and extract the forceps successfully (Fig 1b-c).

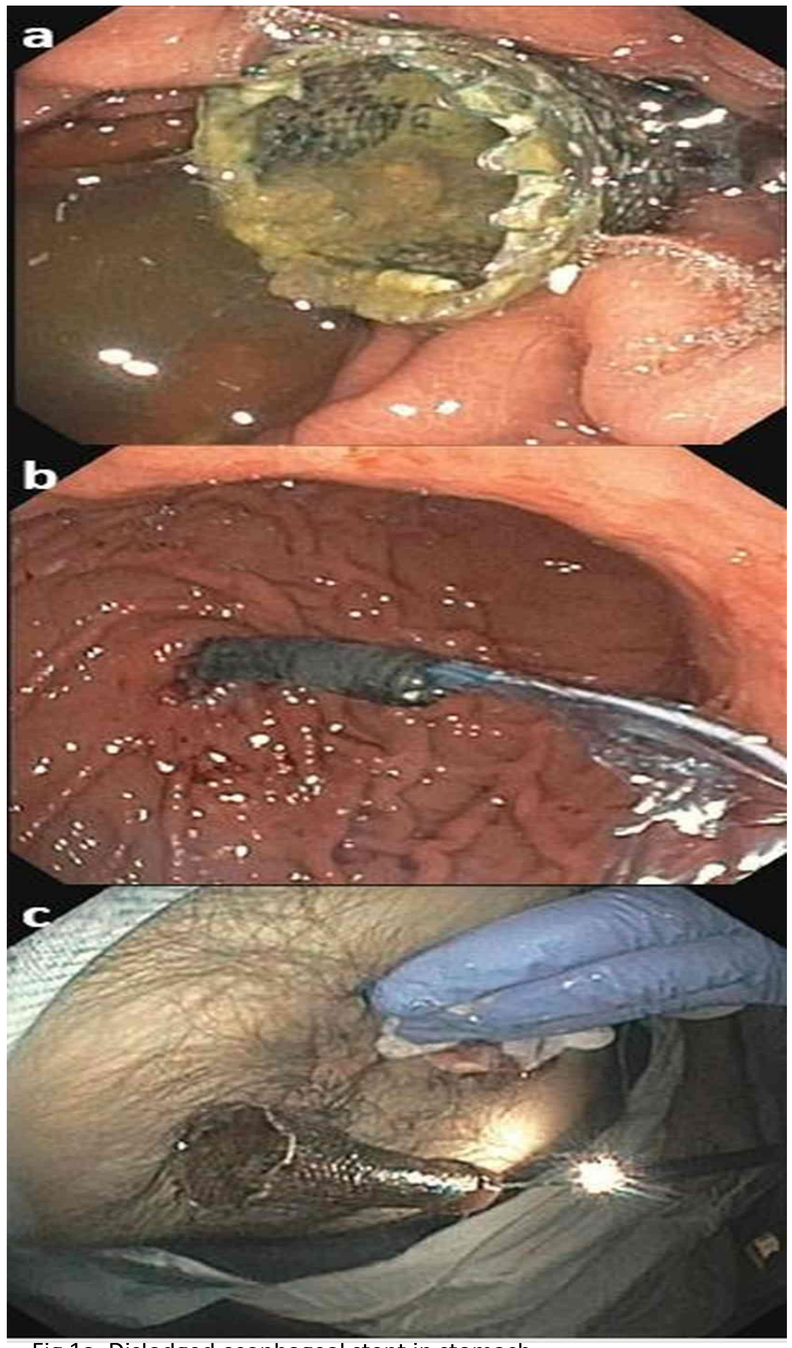


Fig 1a. Dislodged esophageal stent in stomach.
Fig 1b. Adult gastroscope passed through dilated PEG tube tract for stent extraction.
Fig 1c. Extracted esophageal stent via PEG tube stoma.

- A new 24Fr PEG tube was placed. Mild oozing was seen in the tract, otherwise patient tolerated the procedure well.
- He was referred to discuss surgical options for further treatment of his esophageal stricture

## DISCUSSION

- Esophageal stents are being increasingly utilized in the management of not only malignant strictures, but also benign esophageal disease such as recurrent esophageal strictures, anastomotic leaks, perforations and fistulae.
- Stent migration may occur frequently in benign disease with risk factors being use of FCSEMS, distal location and previous migration.
- An unretrieved stent may cause small bowel obstruction.
- Anchoring stents with endoscopic suturing, and clips may reduce the risk of migration.
- If unable to be removed endoscopically then a surgical approach will be needed.
- Luckily, the presence of a mature gastrostomy tract provided an alternate extraction route for our patient.
- Risks associated with this modality include bleeding, gastrostomy site disruption, gastric perforation and peritonitis.
- Increased physician awareness of endoscopic options in such a case may obviate the need for surgical intervention.