

## A. Esophageal Stenting and related topics

### A self-expanding metal stent for complicated variceal hemorrhage: experience at a single center

GIE 2010; 71; 1:71-78

Gavin Wright, MBBS, PhD

#### Background

Refractory variceal bleeding is associated with a high mortality. Existing salvage techniques such as transjugular intrahepatic portosystemic shunt (TIPS) and balloon tamponade (BT) have important limitations and may not be appropriate for all patients.

#### Objective

To evaluate the safety and efficacy of a novel removable self-expanding metal stent in the management of refractory variceal bleeding.

#### Design

Case series.

#### Setting

Tertiary referral liver center.

#### Patients

Ten patients with variceal hemorrhage with contraindications to TIPS insertion or BT.

#### Interventions

Insertion of a self-expanding metal stent (SX-Ella DANIS stent).

#### Main Outcome Measures

Survival, failure to control bleeding, and complications.

#### Results

Stent insertion was successful in 9 of 10 patients. Failure to control bleeding was observed in 3 patients (2 with gastric varices), with control of bleeding in the remainder. Overall survival at 42 days was 50%. Six patients survived the acute bleeding episode and had stents removed endoscopically at a median of 9 days after insertion. One patient had a minor ulceration of the esophagus caused by stent insertion.

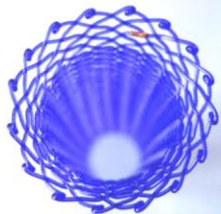
#### Conclusions

Insertion of the SX-Ella DANIS stent in patients with refractory variceal bleeding or complications of previous therapy is effective for the control of bleeding. Stent insertion can be achieved in the majority of patients without fluoroscopic control and without major complications. In selected patients, SX-Ella DANIS stent insertion offers an alternative to other methods of salvage such as BT and TIPS and could be considered a substitute for BT after a prospective trial.

### Endoscopic removal of a migrated esophageal self-expandable metal stent after compression with detachable snares through an intact esophageal stent

GIE 2010; 71, 1:205-207

Ho-Jung An, MD



The article was published without an abstract.

## B. Gastric outlet (GO) and duodenal stenting and related topics

GIE 2010; 71, 1:220-221

### Strut perforation of the duodenum by a WallFlex duodenal stent: detection using multi-detector CT

Uei Pua, MBBS, MMed, FRCR, FAMS

The article was published as free, see the enclosed file.

## C. Biliary and pancreatic stenting, and related topics

Am J Gastroenterol 2010; 105:100–105

### Assessment of Need for Repeat ERCP During Biliary Stent Removal After Clinical Resolution of Postcholecystectomy Bile Leak

Nayantara Coelho-Prabhu MD

The article was published as free, see the enclosed file.

GIE 2010; 71, 1:195-199

### Expandable metal stents for endoscopic bilateral stent-within-stent placement for malignant hilar biliary obstruction

Prabhleen Chahal, MD

#### Background

Placement of biliary stents is effective for palliation of unresectable hilar malignant biliary obstruction. However, when bilateral self-expandable metal stents (SEMSs) are used, placement can be technically challenging. In many studies, side-by-side placement is performed, although it is unclear whether this is the most anatomical and functional approach.

#### Objective

We sought to assess the technical feasibility and effectiveness of deploying bilateral SEMSs with a stent-within-stent approach using commercially available stents with a large cell width.

#### Design

Retrospective study.

#### Setting

Tertiary care medical center.

#### Patients

Patients with malignant biliary hilar obstruction referred for endoscopic palliation of obstructive jaundice.

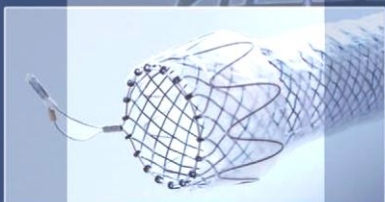
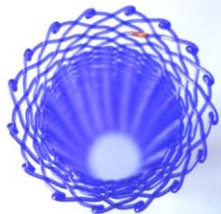
#### Main Outcome Measurements

Technical success, ie, successful bilateral SEMS placement across the stricture; functional success, ie, decrease in pretreatment bilirubin level; early and late complications; and stent patency.

#### Results

Bilateral biliary drainage was attempted and successfully established in 21 patients with malignant hilar obstruction (15 men, 6 women; mean age 63.7 [standard deviation 13.9] years), resulting in clinical improvement of obstructive symptoms. Median

## Стенты «Ella-cs»



follow-up was 6.14 months (interquartile range 3.5-9.5 months). There were 1 (5%) early and 7 (33%) late stent occlusions that required endoscopic reintervention. The 30-day mortality rate was 10% (2 deaths).

### Limitations

Retrospective study of a series of cases treated at a tertiary care center by expert endoscopists.

### Conclusions

This simple technique was performed by using an open-cell expandable metal stent is technically feasible and easy and allows bilateral placement of SEMSs in patients with unresectable hilar malignancy.