finding suggests that PPI dosing adjustments based on BMI may not be needed.

| Baseline Severity | BMI <25 | BMI 25 to <35 | BMI ≥35 | PPI N | Placebo N | PPI % Time pH >4
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>13</td>
<td>27</td>
<td>16</td>
<td>31.3</td>
<td>7.7</td>
<td>16.5</td>
</tr>
<tr>
<td>Mild</td>
<td>17</td>
<td>52</td>
<td>8</td>
<td>32.8</td>
<td>5.9</td>
<td>12.5</td>
</tr>
<tr>
<td>Moderate</td>
<td>8</td>
<td>19.2</td>
<td>12.5</td>
<td>39.1</td>
<td>61</td>
<td>30.9</td>
</tr>
<tr>
<td>Severe</td>
<td>28</td>
<td>49</td>
<td>49</td>
<td>34.7</td>
<td>17.9</td>
<td>15.6</td>
</tr>
</tbody>
</table>

1Day before treatment or first day of treatment

### 62

**Intragastric Acid Control in Patients Who Have Barrett’s Esophagus: Comparison of Once- and Twice-Daily Regimens of Esomeprazole and Lansoprazole**

Stuart J. Spechler, MD, F ACG, Peter N. Barker, PhD, Debra G. Silberg, MD, F ACG∗. University of Texas Southwestern Medical Center, Dallas, TX and AstraZeneca LP, Wilmington, DE.

**Purpose:** To compare the efficacy of oral doses of once-daily (QD) and twice-daily (BID) esomeprazole and lansoprazole for the control of intragastric pH in patients who have Barrett’s esophagus (BE).

**Methods:** In this multicenter, randomized, open-label, crossover study, the steady-state 24-hour intragastric pH profile was evaluated in adult patients who were negative for *H. pylori* infection and had histologically confirmed BE within 2 years of study entry. Patients were randomly assigned to crossover these 2 treatment arms: oral esomeprazole 40 mg QD followed by BID dosing or oral lansoprazole 30 mg QD followed by BID dosing. Study drug was taken within 2 years of study entry. Patients were randomly assigned to crossover treatment sequences and have valid pH data to be included in the primary analysis.

**Results:** Of 113 patients randomized, 46 (mean age, 58 years; men, 67%) provided evaluable pH data for the primary end point (QD comparison). The LSM overall time that pH was >4 was 16.0 hours for esomeprazole QD and 12.1 hours for lansoprazole QD (*P* < .0001 vs esomeprazole) (see Table).

**Conclusion:** In BE patients, oral esomeprazole 40 mg QD provides greater control of intragastric acid at steady state than oral lansoprazole 30 mg QD. Esomeprazole 40 mg BID provided greater acid control versus lansoprazole 30 mg BID.

### 63

**Tissue Ingrowth in a Fully Covered Self-Expandable Metallic Stent**

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**Purpose:** Esophageal stents are being increasingly used in the management of esophageal leaks. Tissue ingrowths after insertion of a partially covered self-expanding metal stents (P-CSEMS) interferes with stent removal. This could be avoided by the use of fully covered self-expanding metal stents (F-CSEMS).

**Results:** Despite the full covering, there is a potential risk of tissue ingrowth as observed in two patients at our center. Our objective is to present the cases with a description of the endoscopic removal of F-CSEMS with tissue ingrowth.

**Case 1:** A 57-year-old male presented with spontaneous perforation of the distal esophagus. Emergent surgical repair failed and the esophageal leak recurred. EGD revealed a 1.5 cm perforation. A F-CSEMS -Alimaxx-E (22 mm × 120 mm, Alveolus, Inc, Charlotte, NC) was inserted. Contrast esophagography on day 6 revealed absence of free drainage of contrast into the stomach suggesting obstruction. EGD showed extensive tissue ingrowth through the upper 1/3 of the stent and a flap valve effect from the cardia.

**Stent Removal:** The stent was loosened from the ingrowth at multiple locations with an Alligator forceps and was removed in one piece. A Polyflex stent (Boston Scientific Inc, Natick, MA) was inserted (total time: 1.5 hours); 7 weeks later, the stent was removed and the fistula healed.

**Case 2:** A 29-year-old female developed esophageal leak after myotomy and epiphrenic diverticulectomy for achalasia. Due to migration of a Polyflex stent, repeat thoracotomy and surgical closure reinforced with diaphragmatic muscle was undertaken, without success. Insertion of a F-CSEMS (Alimaxx-E stent) closed the leak. EGD two weeks later revealed severe tissue ingrowth in the distal third of the stent.

**Stent Removal:** When the spine of the stent was pulled with an Alligator forceps, the free portion of the stent fractured leaving the portion with an overtube. An overtube was used and the stent removed in a piece-meal fashion (total time: 3 hours). The fistula healed successfully.

**Conclusion:** Tissue ingrowth is a potential complication even in F-CSEMS. Tissue ingrowth could pose a technical challenge at endoscopic removal of these stents. One should be prepared to manage this complication.