Fully Covered Self Expandable Metal Stent in Benign Esophageal Disease. A Single Center Experience
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Purpose: Esophageal stents has undergone evolution over the years especially in the treatment of benign pathology. Uncovered and partially covered self-expanding metal stents (PCSMS) are associated with hypertrophic granulation tissue ingrowth and are not easily removable. Recently self-expanding plastic stents have been introduced but have to be deployed via an introducer and are associated with early stent migration. Fully covered self-expanding metal stent (FCSMS) have increasingly been used for benign esophageal pathology and compared with PCSMS it promotes less granulation tissue and stenosis and it’s almost always removable. Our aim was to review our experience with FCSMS in patients with benign esophageal pathology.

Methods: Retrospective review of patients (pts) in a single tertiary medical center who underwent FCSMS deployment for benign esophageal disease looking at the various indications (refractory strictures as defined by Kochman criteria, esophageal fistula/leaks, spontaneous and post-procedural perforations), technical success with stent deployment and removal, outcomes, need for reintervention and complications rates including early and late stent migration.

Results: 46 FCSMS was placed between Sept 2009-Sept 2011. 23 FCSMS were placed in 19 patients for benign esophageal disease. Mean age was 63 years (44-84). There were 13 (68%) males and 6 (32%) females. All the stents used was the Boston scientific wall stents. Stents was placed for post-operative leak in 12/23 (52%) pts, fistula in 3/23 (13%), spontaneous perforation in 2/23 (9%), post procedural perforation in 3/23 (13%) and refractory benign esophageal strictures (RBES) in 3/23 (13%). Stent was left in place until symptoms and stricture improved or fistula/perforation healed or repaired. Mean follow-up was 120 days. Technical success was achieved in a 100% of cases. Clinical improvement in dysphagia was seen in 3/3 pts (100%) and fistula/leak/perforation resolved in 11/20 pts (55%), fistula/leak persisted in 4/20 (20%) requiring other interventions and 5/20 (25%) died from other co-morbid conditions with stents in place. Complications occurred in 10/23 (43%) with the most common been stent migration in 6/23 (26%). Others include retrosternal/abdominal pain in 3/26 (13%) and mild hematemesis in 1/26 of the patients.
All migrated stent were removed successfully by endoscopy.

Conclusion: FCSMS is effective in benign esophageal disease especially in RBES and displayed moderate efficacy in fistula/leaks. It has a moderate rate of migration which is easily managed without complications. Stents were also easily removed from their primary locations. As we await newer technologies and stent design, FCSMS will continue to be useful especially with careful patient selection.

Barrett’s Metaplasia and Colonic Neoplasms Coincide in Identical Patients
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Purpose: The existence of an association between Barrett’s metaplasia and colonic neoplasia has remained controversial. The aim of the study was to test for the presence of such an association in a large national database.

Methods: Miraca Life Sciences is a centralized pathology laboratory that serves 1,500 gastroenterologists distributed throughout the United States with more than 400,000 pathology specimens processed annually. From its computerized database, we selected 203,000 subjects who underwent colonoscopy and esophago-gastro-duodenoscopy between 1.2008 and 12.2011, with biopsy results available from both procedures. In a case-control study we compared the occurrence of Barrett’s metaplasia in patients with and without various types of colonic neoplasms. Odds ratios (OR) and their 95% confidence intervals (CI) were calculated to describe the strengths of the associations between individual types of colonic neoplasms and the presence of Barrett’s metaplasia. Multivariate logistic regression was used to adjust the odds ratios for age, sex, and concurrence of various histopathologic characteristics.

Results: Barrett’s metaplasia occurred more frequently among patients with hyperplastic polyps (OR = 2.14, 95% CI 2.02-2.27), adenomatous polyps (2.52, 2.41-2.64), advanced adenomas (2.10, 1.90-2.32), villous adenomas or adenomas with high-grade dysplasia (2.45, 2.28-2.64), and colonic adenocarcinomas (1.75, 1.39-2.22). The association between Barrett’s metaplasia and colonic neoplasm applied similarly to polyps of different size, number and location within the large bowel. These types of association could also be confirmed when analyzed separately for Barrett’s metaplasia characterized by low-grade or high-grade dysplasia, as well as esophageal adenocarcinoma.

Conclusion: The data support the existence of a true association between Barrett’s metaplasia and various types of colonic neoplasm. However, this association may be more interesting for its potential insights into the pathogenesis of the two disorders than for any clinical implication with respect to screening and surveillance of Barrett’s metaplasia or colonic neoplasms.

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