Uncovered Metal Duodenal Stents Can Effectively be Used to Managed Gastric Outlet Obstruction in the Setting of Gastric Lymphoma

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Introduction

Most of the literature on the use of stenting for the management of malignant gastric outlet obstruction is for palliation and often amalgamates multiple pathologies. Patients with gastric lymphoma and gastric outlet obstruction often have a favourable prognosis and are frequently treated with curative intent. Many endoscopists avoid placement of uncovered stents despite their favourable anti-migration properties for fear that following completion of lymphoma therapy, they may cause significant morbidity.

Methods

A retrospective review was performed for all patients undergoing endoscopic stenting for the management of non-palliative gastric outlet obstruction from April 2014 to August 2021. The cases where uncovered metal stents were used for patients with non-palliative lymphoma are presented.

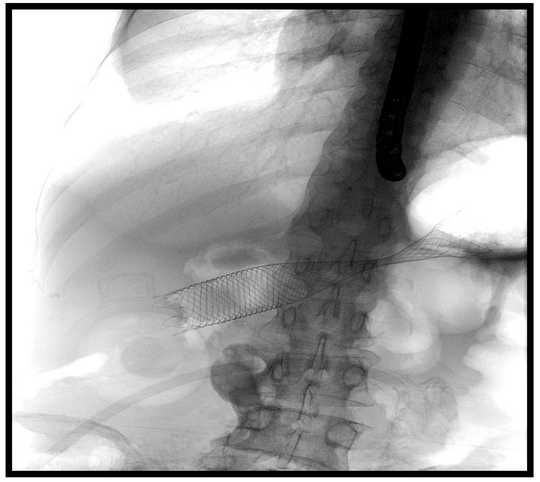


Figure 1: Placement of uncovered self-expanding metal stent across obstructing gastric lymphoma

Results

6 cases of endoscopic stenting were identified for non-palliative gastric outlet obstruction, of which 2 involved the use of an uncovered metal stent in the context of gastric lymphoma. Pre-stent BMI range was 13.4-13.7. Prior to stenting, 3-5 cycles of systemic therapy had been received and 2-4 gastroscopies (with or without dilation) were performed with minimal effect.

Following stenting, oral intake was tolerated in both cases facilitating discharge and further systemic therapy was not delayed. Follow up ranged from 129 to 708 days with an increase of BMI of 5.2-6.8. Stents were indwelling at the time of analysis in both cases with no requirement for surgical management. One re-intervention was required for tissue ingrowth at 59 days which was managed with outpatient endoscopy and placement of a fully covered stent within the uncovered stent.

Conclusion

While many experts feel that endoscopic stenting with uncovered metal stents should be avoided in patients with obstructing gastric lymphoma being treated with curative intent, these patients are often high-risk surgical candidates secondary to active chemotherapeutic treatment and profound malnutrition. Uncovered metal stents offer a reliable means of restoring enteral nutrition with the advantage of a faster return of function and decreased interruption of curative therapy and should be considered as an option in the management of gastric outlet obstruction secondary to gastric lymphoma.