EFFICACY AND SAFETY OF ENDOSCOPIC SELF-EXPENDABLE METAL STENTS UTILIZATION IN ELDERLY AND FRAIL PATIENTS

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Introduction:

- In 2000, 600 million persons were aged 60 years or older. This shift of age toward the elderly pushed us to better understand the accumulating impact of comorbidities, Frailty, functional status, and the cognitive state as a predictor of peri-procedural morbidities and mortality rather than chronological age
- Self-Expendable metal stents (SEMS) for upper gastrointestinal tract obstruction are regarded as an accepted adjunct in the treatment of Upper GIT obstruction, perforation, or leakage, as a definitive treatment, bridge to surgery, or palliation

Aim of the study:

- Determine the efficacy and safety of SEMS for the elderly and frail population

Materials and Methods:

- A retrospective data analysis of our prospectively maintained database of patients who underwent endoscopic SEMS between 2018 and 2021 at our tertiary medical center
- Demographics, clinicopathological characteristics, stent efficacy, and stent-related complication were compared between elderly patients above the age of 70 years (EG) and a control group (CG) of adult patients 18-69 years old
- We further stratified the cohort into frail (FG) and non-frail groups (NFG) according to the Memorial Sloan Kettering–Frailty Index (MSK-FI)

Result:

- 82 patients who underwent endoscopic stent placement in the upper GI tract (Oesophagus, Stomach, and Duodenum) were identified
- 36 patients, (ranged 70-94 years) were included in the elderly group and 46 patients (ranged 18-69 years) were included in the CG
- No difference was identified in the demographic and clinicopathological characteristics, indications and SEMS locations
- There was no statistical significance in the 90-day major morbidity (%, 22 vs 26, p=0.66), mortality (%, 22 vs 20, p=1.00), and the length of stay (days, 20 vs 15 p=0.26) between the EG and the CG respectively
- SEMS resolved the symptoms for the majority of the patients in the EG and the CG (%, 86 vs 76, p=0.27)
- Frail patients were significantly older than non-frail patients (mean age- 75 vs 60 years, P<0.01), besides that, No difference was identified in the demographic and clinicopathological characteristics
- The indications, SEMS locations, and time from symptoms to stenting were all similar
- There was no statistical significance in the 90-day major morbidity (%, 24 vs 24, p=1.00), mortality (%, 24 vs 13, p=0.26), and the length of stay (days, 24 vs 16 p=0.16) between the FG and the NFG respectively

Conclusion:

In the era of advanced endoscopic treatments and improved intensive care, the utilization of upper gastrointestinal tract Self-expandable metal stents is highly effective both in the elderly and in frail patients with similar risk compared with younger and fitter patients

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