THE USE OF SELF-EXPANDING METAL STENTS FOR EXTRA-COLONIC GYNECOLOGICAL MALIGNANCY IS SAFE AND EFFICIENT

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Introduction:

- Up to 51% of women with recurrent ovarian cancer develop MBO and their median survival following MBO diagnosis ranges from 2-6 months
- Data regarding stent placement for MBO secondary to Extra-Colonic Malignancy (ECM) is conflicting

Aim of the study:

- We aimed to describe clinical success complication rates for patients with MBO secondary to extra-colonic gynecological malignancies

Materials and Methods:

- A retrospective review of patients with large bowel obstruction resulting from gynecological malignancy who were referred for colorectal stenting at our academic hospital network between 2002 and 2022

Result:

- 54 patients were included in this study
- Tumor origins were ovarian (n=41, 76%), endometrial (n=10, 18%), and cervical (n=3, 6%
- The mean age was 66 years ranging from 37 to 84. Mean follow-up of 12 months ranging from 1 to 159 months
- The most common site of obstruction was the sigmoid colon (n=38, 73%), followed by the rectum (n=6, 11%),descending colon (n=5, 10%) and transverse colon (n=3, 6%)
- Technical success rates were 91%
- Clinical success rates were 75%
- 30-day and 90-day Major complication rates, were 28% and 30% respectively

Conclusion:

SEMS insertion for malignant bowel obstruction secondary to Extra-Colonic Malignancy is a useful tool for palliation. SEMS may substitute the need for surgery and stoma creation and improve quality of life. In our opinion, the use of SEMS rather than classic surgical techniques on this unfortunate group of patients is often advocated, especially when considering patients' preferences, performance status, and quality of life