



SWSC 2020 On-Demand Meeting Abstracts

12. OUTCOMES OF ESOPHAGEAL STENT THERAPY FOR THE MANAGEMENT OF ANASTOMOTIC LEAKS

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Background: Esophageal stents has demonstrated a high degree of efficacy in the initial treatment of esophageal leaks. Optimal management of esophageal stenting in anastomotic leaks can offer minimal morbidity and maximum efficacy in the optimally selected patient. The aim of this study was to present the optimal patient selection for esophageal stenting after esophageal resection in order to investigate possible factors leading to treatment success or treatment failure in these patients.

Methods: This was an evaluation of a 250 prospective esophago-gastrectomy database of patients who underwent transthoracic or trans-abdominal esophago-gastrectomy for esophageal-gastric cancers from 1/2005 to 5/2019. All patients underwent either an Ivor Lewis transthoracic esophagectomy or trans-abdominal esophagogastrectomy. Of these patients, those with an esophageal anastomotic leak that were treated with a self-expandable stent (SES) from 2014 until May 2019 were considered. Data containing patient characteristics, anastomotic leak information, and treatment outcomes were compiled.

Results: A total of 34 patients were identified and all achieved technical success (100%) in the implementation of their SES. No patient had to have re-operative surgery based on their leak management. In total, 33 of the 34 patients (97%) who were treated with an esophageal stent achieved clinical success. The in-hospital mortality rate due to stenting was 0%. Overall, 2 patients (12%) died from possible leak related deaths. An addition stent was placed in 6 patients (17%) due to stent migration and incomplete exclusion of the leak (3), incomplete exclusion of the leak alone (1), or a persistent leak (2) before achieving clinical success. Patients, had their stents removed with a median of 106 days, 6 patients expired from non-leak related adverse events before removal.

Conclusion: Stenting for an anastomotic leak after resection offers a safe and effective method of treatment and is successful in the majority of cases. Critical to success is optimal patient selection, adequate leak drainage, and optimal stent selection and placement.



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Measurement	% of patients (n=34)
Clinical Success	94%; 33
Technical Success	100%; 34
Treatment Failure	0%; 0
Leak resolution	96%; 33
Stent Removal	59%; 28
Stent Migration	23%; 8
Persistent Leak	3%; 1