

中文題目：預測食道癌病人合併吞嚥困難、食道氣管瘻管接受全包覆可伸展食道金屬支架置放術後產生支架位移的回溯性研究

英文題目：Risk factors of stent migration in esophageal cancer patients underwent fully-covered self-expanding metal stents for malignant dysphagia or tracheoesophageal fistula

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Background: Esophageal cancer is the eighth most common cancer worldwide, especially in the male sex person. More than 50% of patients with esophageal cancer are incurable at the time of diagnosis because of the advanced tumor stage. Self-expandable metal stents (SEMSs) are a therapeutic strategy for the palliation of malignant dysphagia and malignant tracheoesophageal or bronchoesophageal fistulas. European Society of Gastrointestinal Endoscopy (ESGE) recommends the placement of partially or fully covered self-expandable metal stents (SEMSs) for palliation of malignant dysphagia over laser therapy, photodynamic therapy, and esophageal bypass and sealing malignant tracheoesophageal or bronchoesophageal fistulas.

However, despite high technical and clinical success rates, SEMSs also result in short-term or long-term stent migration in one-third of patients. The aim of this study was to evaluate the rates and factors to predict stent migration in esophageal cancer patients receiving SEMS implantation for dysphagia or fistula.

Method: Patients ≥ 18 years old with a pathologically confirmed esophageal cancer and underwent fully covered esophageal SEMS placement for malignant dysphagia or fistula in the divisions of Gastroenterology or Chest Surgery at Kaohsiung Medical University Hospital between 2013-2022 were retrospectively reviewed. We excluded the patients with incomplete patient information, loss of follow-up within 1 week of stent placement (e.g. expired or other personal causes), and repeated stenting after migration. We compared the potential clinical factors to predict the stent migration. Data were analyzed using the IBM SPSS Statistics 25.

Results: A total of 54 patients (48 men, 6 women; mean age: 59.1, Range: 36–90 years) were reviewed and enrolled in the study. The success rate of stent placement was 100%. Stent migration occurred in 16 patients (29.6%). Tumor and stent location were significant predictors for stent migration. Patients with tumor across the esophagogastric junction had a higher rate of migration (57.89% vs. 14.29%, P value=0.001). Similarly, stent placement across the esophagogastric junction had a higher rate of migration (56.25% vs. 43.75%, P value=0.02). Moreover, tumors in the upper and middle esophagus had a lower migration rate than those in the lower esophagus (14.81% vs. 44.44, P value = 0.04). Women had a trend of higher migration rate than men (female 66.67% vs. male 25.00%, P value =0.06), but there were only 6 women in this study.

Conclusion: In this retrospective study, we found tumors or stents across the esophagogastric junction were significant predictors of stent migration. Esophageal cancers in the lower esophagus or involving esophagogastric junction also had higher migration rate than those in the upper or middle portion. Such information is important when selecting suitable patients for SEMS placement.