Esophageal Metallic-Stent Migration: a Rare Cause of Anal Pain in a Patient with Gastric Cancer

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Abstract

Stents are a great development for esophageal fistula treatment; however, stent migration is a frequent complication. A stent migration that caused anal pain is presented. A 79-year-old man with poorly differentiated gastric carcinoma was submitted to a total gastrectomy with a Roux-en-Y esophagojejunostomy. The patient developed an anastomosis leakage 3 months after surgery; a fixed metallic stent was used as treatment with good evolution. Five months after the stent (and 8 months after gastrectomy), the patient returned to the emergency department with acute incapacitating anal pain; the pain was caused by the migrated stent. Esophageal stent migration is frequent; however, rarely, metallic stent migration may cause anal pain.

Keywords Anus · Esophagus · Fistula · Gastric cancer · Stent complication · Stent migration

A 79-year-old man with a poorly-differentiated gastric carcinoma was submitted to a total gastrectomy with Roux-en-Y esophagojejunostomy reconstruction; his post-operative evolution was uneventful. The patient developed dyspnea, 3 months after the gastrectomy, and he reached to the emergency department. A chest X-ray showed a 100% right pleural effusion; thus, a pleurostomy tube was placed draining saliva and small fragments of food. An esophagogram corroborated a fistula from the Roux-en-Y anastomosis (Fig. 1a). The patient was considered a poor candidate for an esophagostomy; therefore, a self-expanded metal-stent was the best choice available. The stent was placed and fixed with clips, with apparent good evolution (Fig. 1b).

Five months after the stent (and 8 months after gastrectomy), the patient returned to the emergency department

with acute incapacitating anal pain. During the anal exam, it was found that the migrated metallic-stent was the source of anus pain: the stent was stuck in a hemorrhoid. An abdominal X-ray plain film corroborated the stent's pelvic location (Fig. 1c). Finally, the metal-stent was easily recovered during a second anal exam.

Anus pain is a frequent symptom, and many conditions can cause it. Nonetheless, the migration of a metal-stent triggering acute anal pain has not been reported previously. Stents are a great breakthrough management for post-operative esophageal leakages [1]. However, stent's migration is a common complication (5 to 60%) [1–3], even using sutures or clips (17%) [4]. There are reports of stents passing through the anus with the old designs, with covered devices, or with stents placed in the distal esophagus [5–7]. Metal-stent migration has caused some rare complications like gastro-pleural fistula [5] or intestinal obstruction [6, 8].

In this case, the esophageal metal-stent migrated causing an exceptional complication: acute incapacitating anal pain. Probably, the absent gastric chamber and the Roux-en-Y esophagojejunostomy helped to bypass different anatomic obstacles: the pylorus, duodenum, and the ligament of Treitz. Nevertheless, we cannot comprehend how it was possible that the metal-stent passed through the ileum, ileocecal valve, sigmoid, rectum, and get stuck on a hemorrhoid.

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Fig. 1 a–c An esophagogram corroborated a fistula from the Roux-en-Y anastomosis

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CMOM contributed in the conception of the work, conducting the patient management, the acquisition and interpretation of data for the work, revising the draft, approval of the final version of the manuscript, and agreed for all aspects of the work.

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