Use of Polyflex Stents in Refractory Benign Esophageal Strictures

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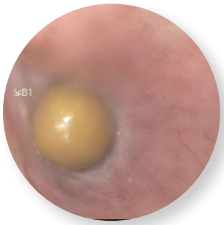
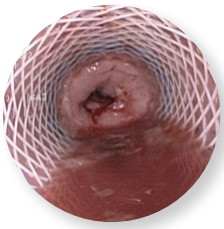
"In refractory esophageal strictures, the Polyflex Stent is an effective alternative to repeat dilation."



Impacted pea in upper third of esophagus

Patient History and Assessment

A 58 year old male with a history of CAD, MI, hyperlipidemia, DM, duodenal ulcers and GERD presented with dysphagia, vomiting, and choking. He denied alcohol and tobacco use. EGD revealed multiple ulcers in the esophagus and duodenum and PPI therapy was initiated. Subsequent EGD revealed healing of the duodenal ulcers but new benign strictures (attributed to GERD) were discovered in the upper, middle and distal esophagus. Biopsies were negative for eosinophilia esophagitis. Seven balloon dilations at monthly intervals failed to resolve the strictures. It was determined that a Polyflex Stent may be a potentially effective alternative.



Deployed Polyflex Stent

Polyflex Esophageal Stent Placement

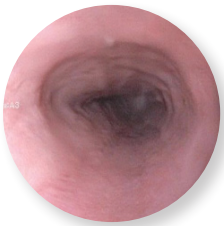
The stricture was dilated to help accommodate the passage of the catheter. A 15 cm x 16 mm Polyflex Stent was placed in the esophagus to treat all three strictures.

Follow-up Endoscopy and Removal (30 days post-placement)

After one month, the stent was removed successfully using a rat tooth forcep. The patient has not required follow up for additional stricture dilation for 7 months.

Summary of Clinical Experience

Covered stents are indicated in malignant esophageal strictures. Initial therapy for benign strictures is balloon dilation. In refractory benign strictures, stent placement can provide an effective alternative to repeated dilation to achieve stricture resolution.



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ENDO-2350120-AA March 2014