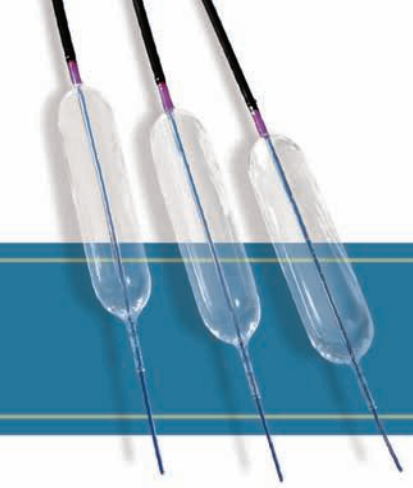

CRE™ WIREGUIDED BALLOON DILATOR

Technique Spotlight

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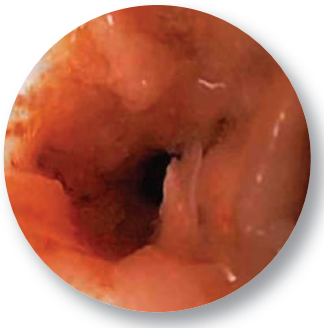

Figure 1

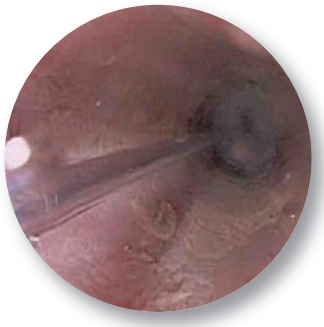

Figure 2

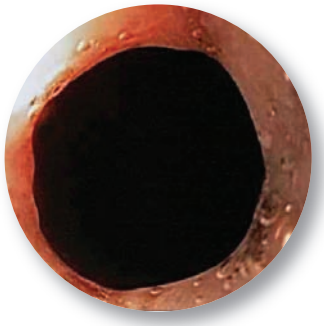

Figure 3

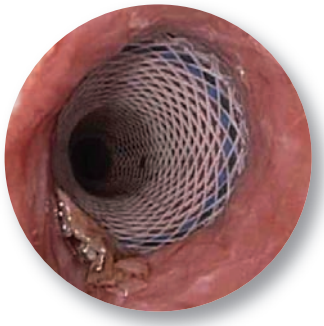

Figure 4

PATIENT HISTORY

A 71-year-old female with a history of chronic heartburn and dysphagia was recently diagnosed with a distal esophageal peptic stricture. She had undergone two endoscopic dilations with recurrence of her symptoms. She was referred to our center for further therapy.

PROCEDURE

After appropriate sedation, the endoscope was advanced into the esophagus which showed a tight stricture of about 2 cm in length at the gastroesophageal junction (Figure 1). The endoscope was advanced with difficulty into the stomach. Due to the recurrent nature of the stricture, it was decided to place a Polyflex® Stent after dilation. A CRE® Wireguided Balloon Dilator was then advanced into the scope's working channel and positioned in the middle of the stricture. Incremental dilation was performed from 10-13.5 mm, first using a 10-11-12 mm CRE Balloon and then a 12-13.5-15 mm CRE Balloon. While slowly rotating the camera lens, the inflated balloon was pulled against the tip of the endoscope. This allowed the mucosal lining of the stricture to be clearly visualized through the end of the balloon during dilation (Figure 2). After dilating the stricture (Figure 3), a 21 mm Polyflex Stent was placed (Figure 4). The patient tolerated the procedure very well and was discharged home.

DISCUSSION

Benign strictures can involve any segment in the GI tract. Balloon dilation has proven to be a safe and effective technique to treat those strictures. It is usually performed under direct endoscopic visualization, although it can also be performed under fluoroscopic guidance. I prefer to use the CRE Balloon rather than other modalities because I can visualize the area that is being dilated. Pulling the balloon snug against the tip of the endoscope after inflation allows me to see the strictured mucosa while performing the dilation. This may help prevent perforation, especially in very tight and friable strictures, or help identify if a large tear is occurring. The rounded ends of the CRE Balloon provide me good visibility of the stricture, but I also have the ability to feel the stricture as well. In order to do this, I will move the scope through the stricture with the inflated balloon pulled against its tip. This back and forth motion, while the balloon is inflated, also aids in dilating the stricture.

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Disclosure: Boston Scientific Corporation was involved with the preparation of this case study

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