



Upfront lumen-apposing metal stenting for a high-grade colorectal anastomotic stricture

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Given their typical refractory nature owing to exuberant scarring and fibrosis, postoperative benign strictures after colorectal surgery remain problematic with the potential need for reoperation. Established endoscopic options for

stricture treatment include repeated balloon dilations (or bougienage in the case of rectal localizations), incisional therapy, or use of fully covered or biodegradable self-expanding metal stents. With a view to the characteristic

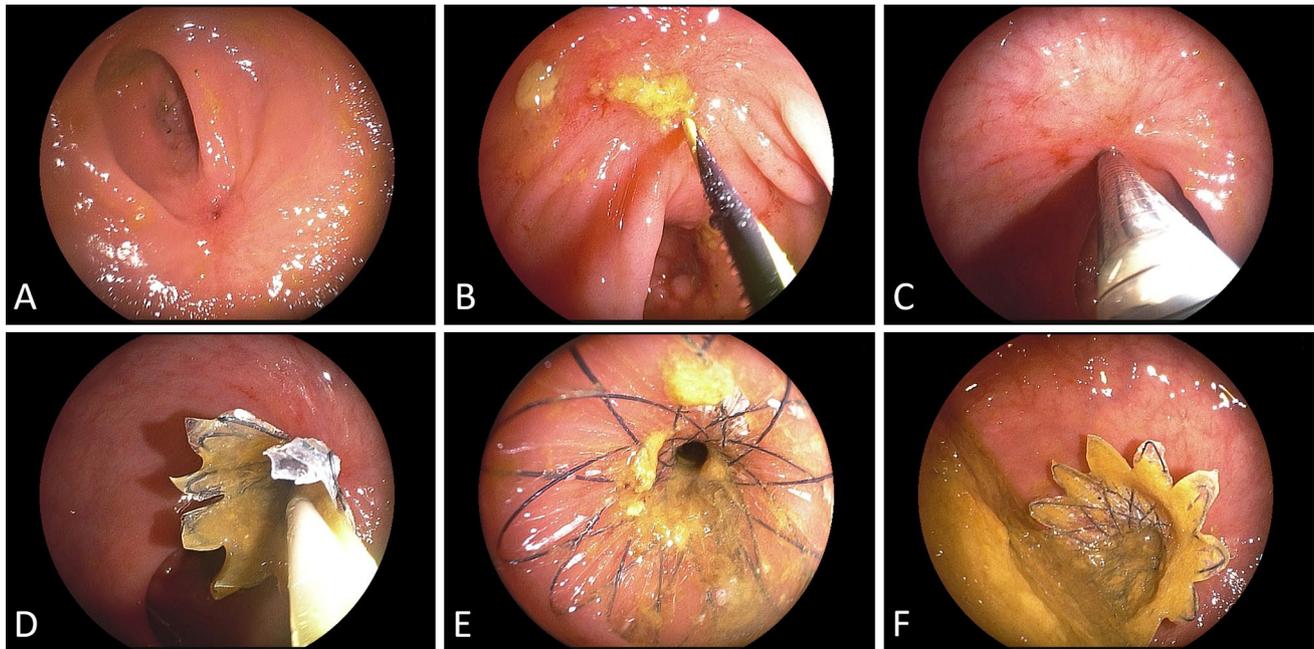


Fig. 1 This is the case of a 68-year-old female with a symptomatic stricture of the colorectal anastomosis 1 year after sigmoid resection. Due to the high-grade nature of the stricture, **a** we opted for upfront lumen-apposing metal stenting (LAMS) using a 15-mm Diabolo stent (Leufen, Berlin, Germany). A 35-mm guidewire was placed under endoscopic and fluoroscopic control (**b**) and the stent applicator sys-

tem advanced without need for prior dilation. **c** Following this, the stent was gradually deployed (**d**) and the tip of the applicator gently been removed after the stent began to unfold. **e** Following further spontaneous stent expansion, ample amounts of mostly liquid stool were seen draining through the stent, and stent extraction was scheduled 3 months later (**f**)

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shortness of these luminal strictures, lumen-apposing metal stent (LAMS) (initially devised for drainage of complicated pancreatic collections), which are covered and removable, with short length and wide flanges are good alternative candidates for postsurgical stricture applications, in particular, because of the lower risk of stent migration [1, 2]. However, reported colorectal applications for LAMS are lacking compared to those in the foregut and critical procedure-related details, such as optimal duration of stenting, need to be refined in the future [3] (Fig. 1).

Compliance with ethical standards

Conflict of interest The author declares that he has no conflict of interest.

Ethical approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or compatible ethical standards.

Informed consent Informed consent was obtained from the patient included in the case report.

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