ABSTRACT ID: EG2873473

TÍTULO: Effectiveness of Double Palliation with Combined Esophageal and Airway Stents in Patients with Esophageal Cancer

OBJECTIVO:
INTRODUÇÃO: Patients with esophageal cancer (EC) often present with esophageal and airway obstructive symptoms and airway-esophageal fistulas which can be relieved with esophageal and/or airway stents.

MATERIAL E MÉTODOS: To evaluate the effectiveness, complications and survival of patients managed with double palliation we retrospectively evaluated patients submitted to double palliation (combined esophageal and airway stents). Patients’ and tumor characteristics, complications and survival were recorded.

RESULTADOS: A total of 51 patients were included in this study. Esophageal stent was placed due to dysphagia (n=35) or fistula (n=16). There were early complications in 17 patients, perforation (n=2), stent migration (n=2), bleeding (n=1), treated endoscopically, and pneumonia (n=1) and late in 22, mostly granulation tissue/tumor overgrowth. There was additional need for palliation of dysphagia with a new stent (n=7) or with nasogastric tube (n=4), PEG (n=3) and surgical gastrostomy (n=3), mostly in patients with cervical EC. Airway stent was placed due to airway tumor infiltration (n=24), airway-esophageal fistula (n=23), extrinsic compression (n=4, 2 due to esophageal stent), with symptomatic relief in 49/51 patients. There were early complications in 5 patients (death n=2) and late in 41, mostly respiratory infection (n=37) and tumor overgrowth (n=23). Mean survival after double palliation was 100 days (0-353).

DISCUSSÃO: The combined endoscopic approaches is effective, despite being associated with morbidity and mortality.

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