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Self-expandable metal stent for palliation of malignant dysphagia & quality of life improvement in advanced cancer esophagus: Upper Egypt experience

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ABSTRACT

Background: In advanced cancer esophagus patients, self-expandable metallic stents (SEMS) are utilized to relieve malignant difficulty in swallowing and improve their quality of the life. Retrospectively, we evaluated the efficacy, feasibility, and outcomes of SEMS in palliation of malignant dysphagia in advanced cancer esophagus and its' complications.

Methods: We retrospectively reviewed data of 350 patients with malignant dysphagia due to advanced cancer esophagus from December 2012 to April 2017. They were subjected to esophageal stenting with SEMS in our GIT endoscopy unit, General and Cardiothoracic Surgery departments at Qena and Sohag University Hospitals, Egypt.

Results: The mean age was 56.34 + 12.44 years ranging from 30 to 85 years, and 264 of them were males. Mean duration of dysphagia was 2.90 months. SEMSs were placed successfully in all cases without major complications; however minor bleeding and retrosternal discomfort were seen. The improvement in the dysphagia score was significant.

Conclusions: SEMSs were safe and effective in palliation of malignant dysphagia and improvement of the quality of life in advanced esophageal cancer patients without major complications.

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1. Introduction

Esophageal cancer is the ninth commonest malignancy and the sixth most common cause of death worldwide. The diagnosis is usually made at advanced stages due to of lack of widespread screening tools, late symptoms, a delayed clinical presentation and rapid progression. During the last 40 years, the 5-year survival rate increased from 5% up to 19%, but the prognosis still remains poor [1–3].

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The main presentation of advanced esophageal cancer is malignant dysphagia in which 80–90% of all patients having a kind of difficulty in swallowing. It is one of the most distressing and debilitating symptoms in patients with cancer-related esophageal obstruction [4]. As the quality of life of these patients depends to a large degree on their ability to swallow, the relief of dysphagia is, therefore, a need for any palliative treatment of patients experiencing advanced esophageal cancer [5]. In our locality (Upper Egypt), most patients present with locally advanced, unresectable or metastatic disease and the therapy is typically directed at alleviating dysphagia, overflow of saliva and pulmonary aspiration [6,7].

Different management options are used for the palliation of malignant dysphagia, including esophageal dilatation, endoluminal stents, radiotherapy, chemotherapy, laser ablation, photodynamic therapy, ethanol injection, brachytherapy, cryotherapy, and resection or bypass surgery. However, to date, none of these treatments can be considered the optimal, endoluminal stenting and radiation therapies are the most commonly used. Over the past decade, self-expanding metal stents (SEMS) have replaced surgical bypass and rigid plastic stents as the gold standard safe and effective mechanical palliation of this disease [8–11].

However, studies reported many SEMS related problems as incomplete expansion, migration, and obstruction of the stent and tumor ingrowth or overgrowth with a lack of confirmation in regards to its effectiveness in improving dysphagia and nutritional status [12,13].

This study aimed to evaluate the efficacy of SEMS in palliation of malignant dysphagia in advanced cancer esophagus in a developing country with more advanced stages of the disease like Upper Egypt.

2. Patients and methods

From December 2012 to April 2017, 350 patients with histologically proven cancer esophagus needing palliation of dysphagia at two tertiary centers (Qena and Sohag University Hospitals) which are draining five governments (about 10,000,000 million populations) in Upper Egypt were enrolled in this study. The inclusion criteria were all patients with malignant dysphagia secondary to inoperable primary esophageal cancer or were unfit for surgery. The exclusion criteria were cancer with esophago-respiratory fistula, recurrent tumor, a tumor located within 3 cm from the upper esophageal sphincter, previous stent placement or esophageal surgery, and stents inserted prior to surgery or radiotherapy.

All these consecutive patients were first seen and evaluated by the oncologist, general and cardiothoracic surgeons. After deciding the inoperability of esophageal cancer, the patients were referred to endoscopy unit for SEMS placement.

All patients were subjected to thoroughly history taking, clinical examination, contrast enhanced radiological examination of the esophagus and endoscopic examination of the nature of the stricture, site, and pathology of the tumor (Fig. 1).

Informed consent was obtained from all patients after explanations of the nature of the disease and possible treatment options including dilation with stenting and complications of the procedure and the study was approved by our local ethics

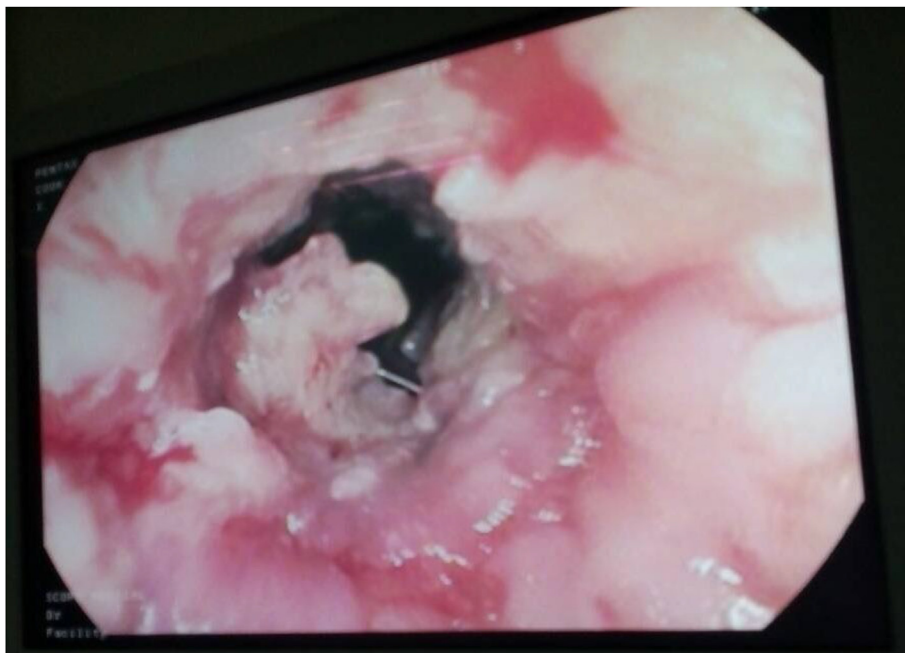


Fig. 1. Malignant esophageal stricture.

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