The Role of SEMS in Malignant and Benign Colon Obstruction

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SEMS are highly valuable in the management of patients with malignant colon obstruction with high technical and clinical success. Currently, their role is in colon decompression as a bridge before surgery and in the palliative management of inoperative patients. SEMS appear to be more effective and less costly than emergency surgery. SEMS should be avoided in benign strictures. More data is needed in reference to the role of plastic expandable stents in the management of patients with benign colon strictures.

Key words: self expandable stents, palliation, malignant strictures

INTRODUCTION

Self expandable stents are made of metal alloys or plastic and are available in a variety of sizes and shapes. The benefit of expandable stents depends on their ability to expand and embed themselves in the colon wall. Self expandable metal stents (SEMS) are used primarily for the palliation of malignant gastrointestinal strictures. Plastic or silicone covered expandable stents have become available recently. Plastic expandable stents are removable after placement.

MALIGNANT COLONIC OBSTRUCTION:

The role of SEMS in malignant colonic obstruction can be divided into palliation or preoperative decompression. Rarely, covered expandable metal stents have been used to close malignant fistulas in the pelvis.

Technical Considerations:

In general, SEMS are placed under fluoroscopic or dual fluoroscopic and endoscopic control using conscious or deep sedation (Propofol). Availability of pre-procedure good quality imaging is essential to estimate the location and length of the stricture. In our unit, a stiff "biliary wi-
Complications after placement are uncommon and include migration, bleeding, and perforation. The majority of migrations are distal to the tumor. Rectal stents should be placed at least 2 cm above the dentate line to minimize tenesmus, rectal pain, or incontinence. In one paper, preoperative chemoradiation after SEMS was safe. Covered esophageal stents or plastic expandable stents may be effective in managing patients with colon fistula in the pelvis.

**Benign colon obstruction:**

In general, SEMS are not recommended for benign strictures because of frequent early migration or the inability to remove the stent after a few weeks of placement. Few cases have been reported using SEMS in patients with a variety of benign strictures. The availability of plastic (Polyflex, Boston Scientific Corp) or silicone covered expandable stents (Alimaxx, Alveolus, Inc) may increase the use of expandable stent in benign colonic strictures. More data is needed.

**CONCLUSIONS:**

SEMS are highly valuable in the management of patients with malignant colon obstruction with high technical and clinical success. Currently, their role is in colon decompression as a bridge before surgery and in the palliative management of inoperable patients. SEMS appear to be more effective and less costly than emergency surgery. SEMS should be avoided in benign strictures. More data is needed in reference to the role of plastic expandable stents in the management of patients with benign colonic strictures.

**SUMMARY**

**ZNAČAJ SAMOŠIREĆIH METALNIH STENTOVA (SEMS) U LEĆENJU MALIGNE I BENIGNE OPSTRUKCIJE KOLONA**

Samošireći stentovi se prave od metalnih legura ili plastike i dostupni su različitim veličinama i oblicima. Kvalitet samoširećih stentova zavisi od njihove sposobnosti širenja i tendencije migracije nakon plasiranja. samošireći metalni stentovi (SEMS) se uglavnom koriste u palijativnom lečenju malignih gastrointestinalnih strukture. Plastični ili silikonom presvučeni šireći stentovi su odskora dostupni. Plastični šireći stentovi se mogu vaditi nakon plasiranja.

**REFERENCE:**


