

Case Report

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A case in which a Naturfit stent was useful for malignant ileocecal stenosis

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Case

A 91-year-old woman with primary complaints of abdominal pain and vomiting visited our hospital. Abdominal computed tomography revealed an ileocecal tumor with ileal dilation (**Figure 1a**). Colonoscopy (PCF-Q260AZI; Olympus, Tokyo, Japan) revealed a circumferential cecal tumor invading the ileocecal valve (**Figure 1b**). A biopsy revealed adenocarcinoma, which was diagnosed as ileocecal cancer, resulting in obstruction. Surgery was deemed difficult due to her dementia and bedridden status. We placed a palliative colonic self-expandable metal stent (SEMS), with informed consent from her family. A 0.035-inch guidewire (JagwireTM, Boston Scientific Japan, Tokyo, Japan) was advanced to the ileum side, and an endoscopic retrograde cholangiopancreatography catheter was inserted through the guidewire to perform gastrografi-nography. The stenosis had flexion and was 60 mm in length. We selected HANAROSTENT NaturfitTM (22 mm × 9 cm, M. I. Tech, Seoul, Korea), as this could be placed with the side inside the large intestine (**Figure 2a, c**). We confirmed that the stent was patent and did not deviate by X-ray (**Figure 2b, d**). The patient was able to resume eating immediately and remains asymptomatic after three months.

Placing SEMS with ileocecal obstruction is technically difficult because of the long distance from the anus, tortuosity, and angled anatomy of the ileocecal valve [1, 2, 3]. In this case, fiber operability was poor and it was difficult to hold the fiber due to paradoxical movement. The deviation of the narrowest part occurred in this way. However, because it could be re-stored, it was possible to make fine adjustments nearer the end of the procedure by confirming the stent marker with good visibility. In this way, we could proceed safely. To our knowledge, there are no reports Naturfit placement for stenosis due to ileocecal cancer. Naturfit is useful for stenting malignant ileocecal stenoses.

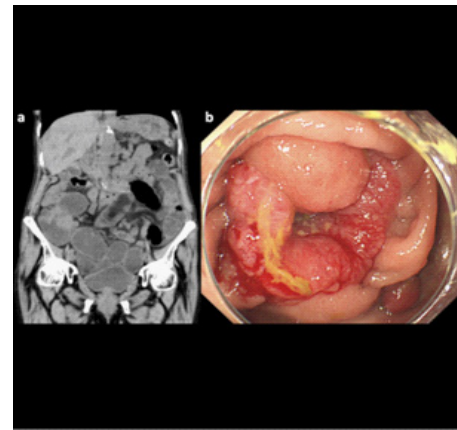


Figure 1: Abdominal computed tomography revealed thickened ileocecal stenosis and dilation of the ileum (a). The ileocecal valve was infiltrated by the tumor, excluded, and narrowed. The endoscope could not pass through the valve (b).

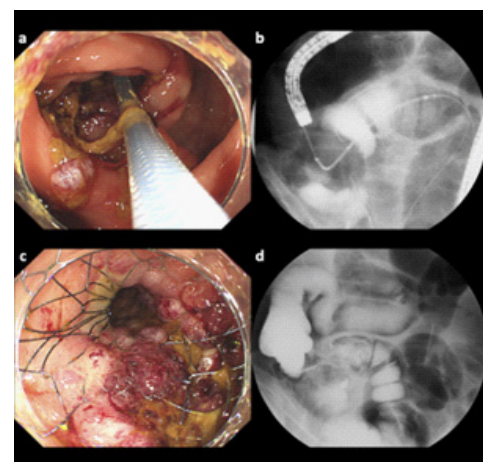


Figure 2: During stent placement, the angle from the ileocecal valve to the ileum was so steep that the endoscope moved away (a). X-ray imaging in an oblique position (b). Immediately after stent placement for ileocecal valve dilation (c). Retrograde gastrografi-nography from the anal side of the stent confirmed that the stent dilation released the ileocecal stenosis (d).

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