

Minimally Invasive and Novel Therapeutics (M.I.N.T.) in Foregut Disease
September 29th -October 1st 2022

Wire guided dilaton

Kumar Krishnan MD

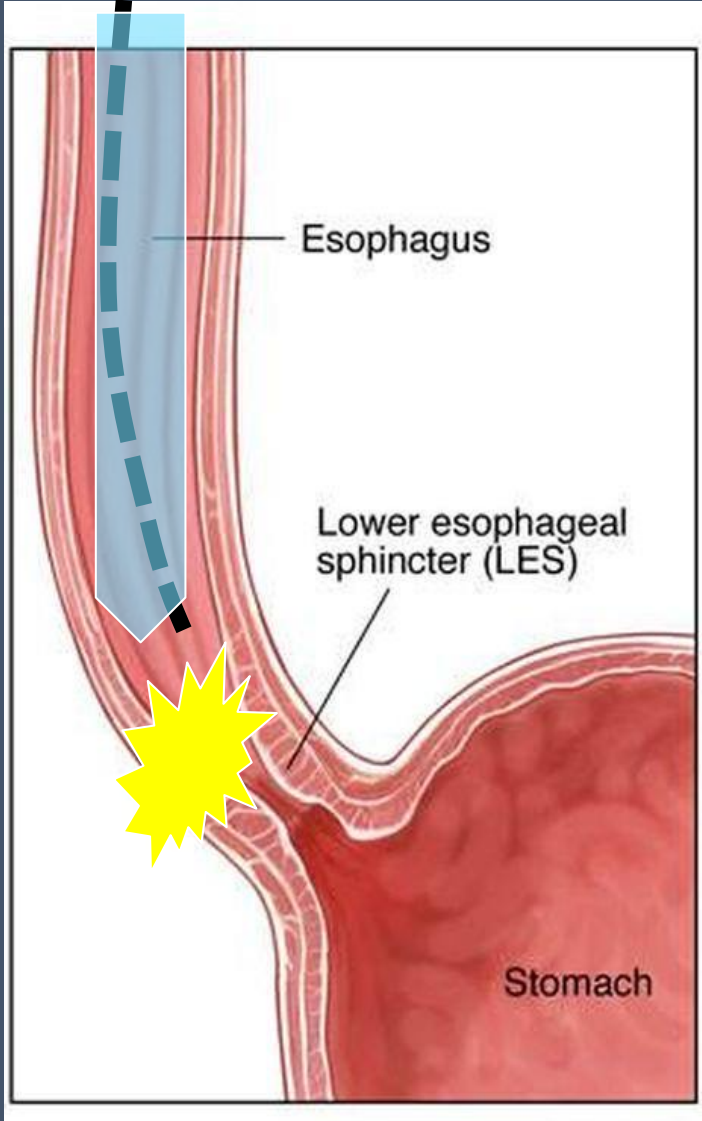
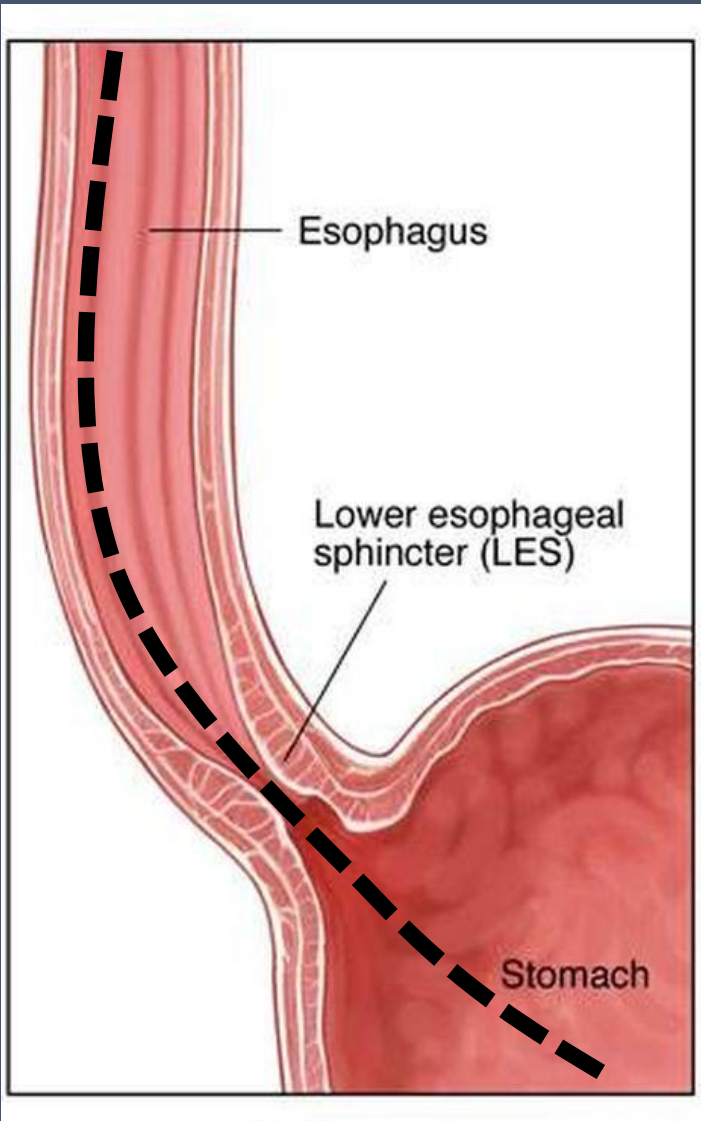
Massachusetts General Hospital

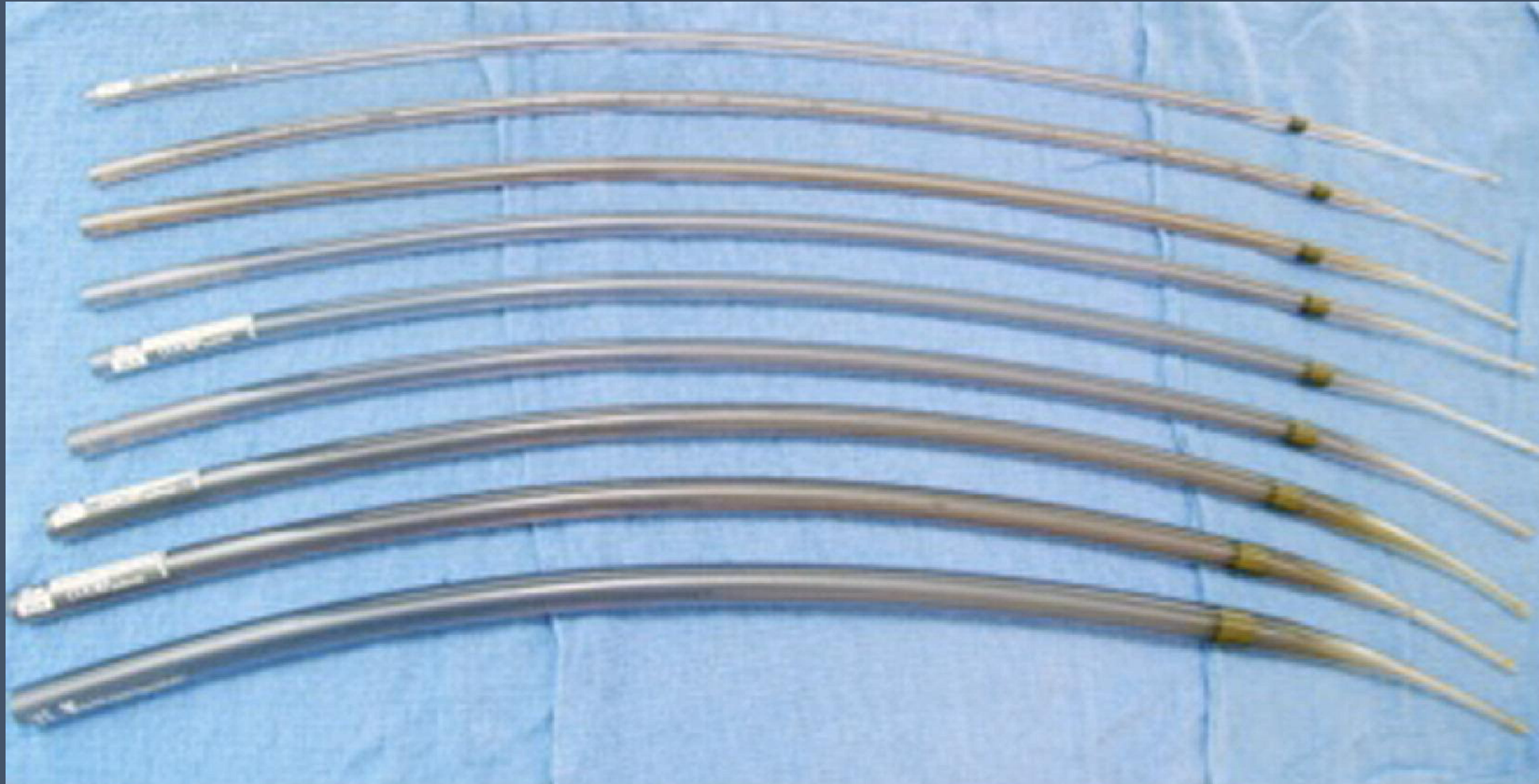
Assistant Professor of Medicine

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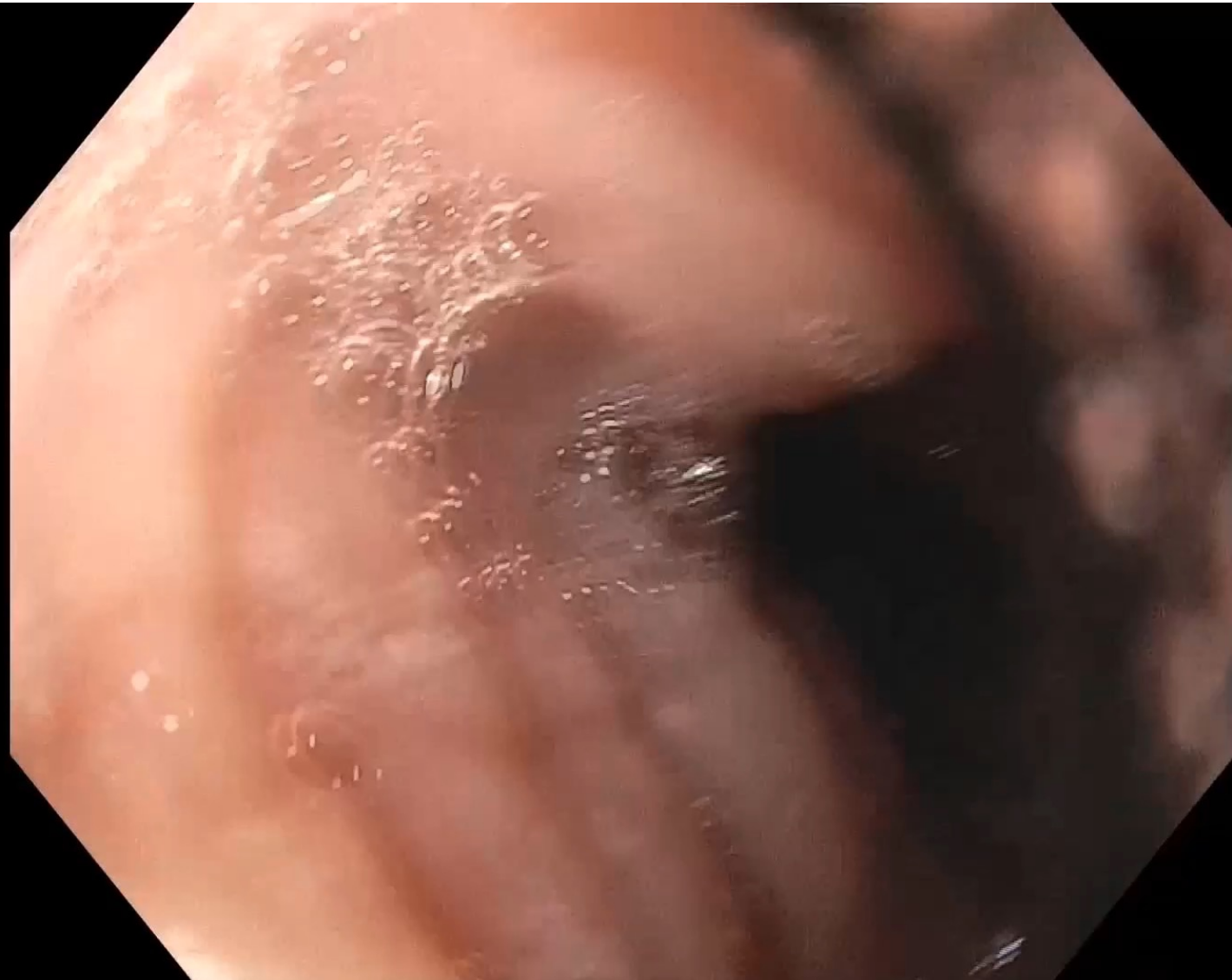






HARVARD
MEDICAL SCHOOL



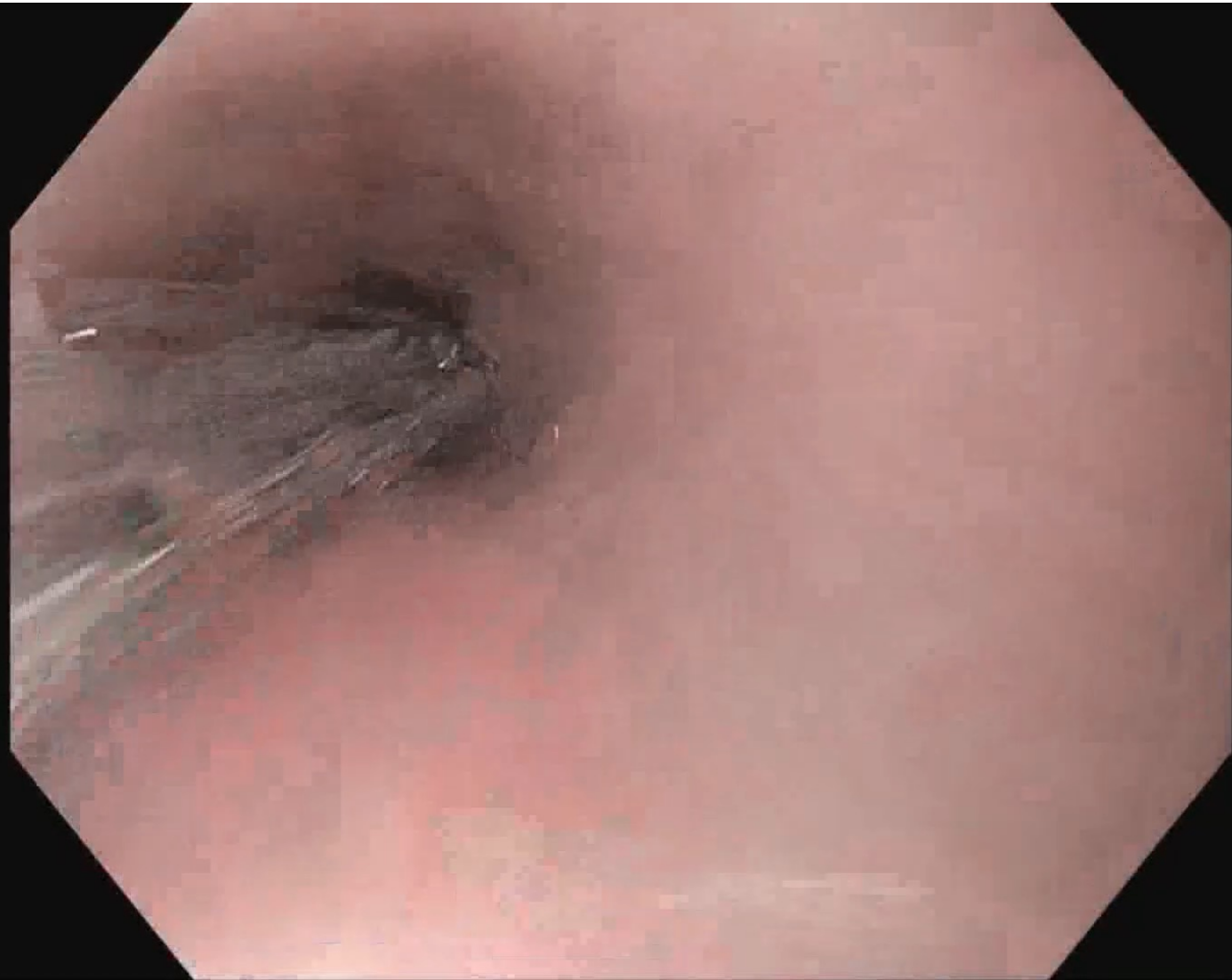


Scope:
Olympus H-190

Disposable spring tip
guidewire

American OTW dilators

52 YO with recurrent food impaction
Prior EGD for food impaction 4 weeks ago
Intermittent dysphagia to solids



Scope:
Olympus HQ-190

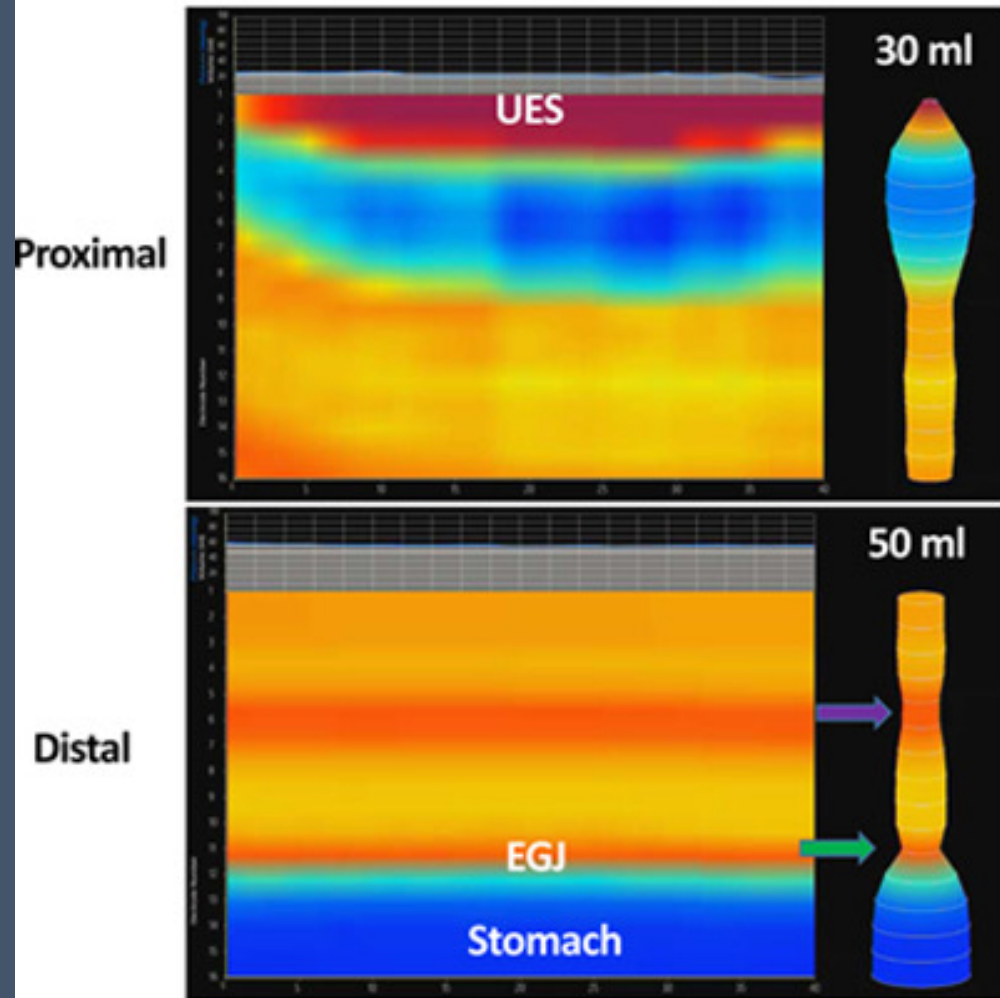
Disposable spring tip
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American OTW dilators

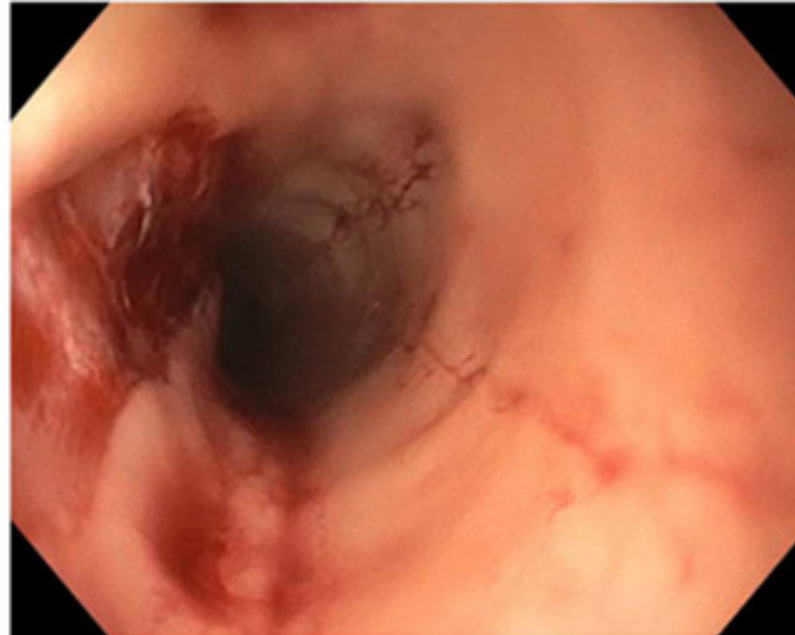
16cm Endoflip catheter

Intermittent dysphagia with self limited food impaction. Improved on food elimination diet. Prior dilation to 16mm at EGJ without improvement. Referred for further management

Distal distensibility plateau: 10.1 mm; proximal distensibility plateau: 12 mm



Mid-esophagus
after 13.5 mm TTS balloon dilation





Scope:
Olympus XP-190

0.035 Biliary wire

American OTW dilators

Prior radiation for laryngeal cancer. Progressive dysphagia. Now almost complete obstruction and no ability to tolerate PO

Sizing the esophagus is difficult. Use the scope as a guide, but realize that symptoms occur with any diameter <17mm

Careful wire control for the entirety of the case. This is the reason for most dilation related perforations

Keep the wire in place for complex or high risk strictures

Retrograde access can be very helpful for tight XRT strictures in the neck

Endoflip can help with initial stricture dilation