

Minimally Invasive and Novel Therapeutics (M.I.N.T.) in Foregut Disease
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Advanced Stricture Management Strategies

Kunal Jajoo, MD

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Brigham and Women's Hospital



Advanced Stricture Management

Simple

- Short, straight, focal
- Schatzki's ring, peptic, web
- Majority respond to 1-3 dilations; 95% respond in 5 sessions
- Bougie/balloon

Complex

- Long (>2 cm), angulated, pin-hole
- Anastomotic, post-ESD, caustic/XRT
- More likely refractory or recurrent
- Advanced therapies



Advanced Stricture Management

- Incision therapy
 - IT needle knife, generally with a transparent cap
 - 6-8 radial incisions
 - Shown to be safe/effective in Schatzki's ring, short anastomotic strictures, post-ESD strictures and also in pediatrics



Advanced Stricture Management

- Stent placement
 - Fully covered SEMS (TTS available)
 - SEPS – plastic
 - Biodegradable stent



Advanced Stricture Management

- Stent placement
 - Fully covered SEMS (TTS available)
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- Clinical success rates vary, largest studies show ~40% success
- Optimal duration of therapy is not certain, 8+ weeks for longer strictures, 4-8 weeks for shorter



Advanced Stricture Management

- Mitomycin – C
 - Initially used in pediatrics, injection technique similar to steroid injection
 - Inhibits fibroblast proliferation and decreases fibroblastic collagen synthesis
 - Can be used in conjunction with endoscopic dilation
 - Difficult to obtain given restrictions on handling of chemotherapeutic agents

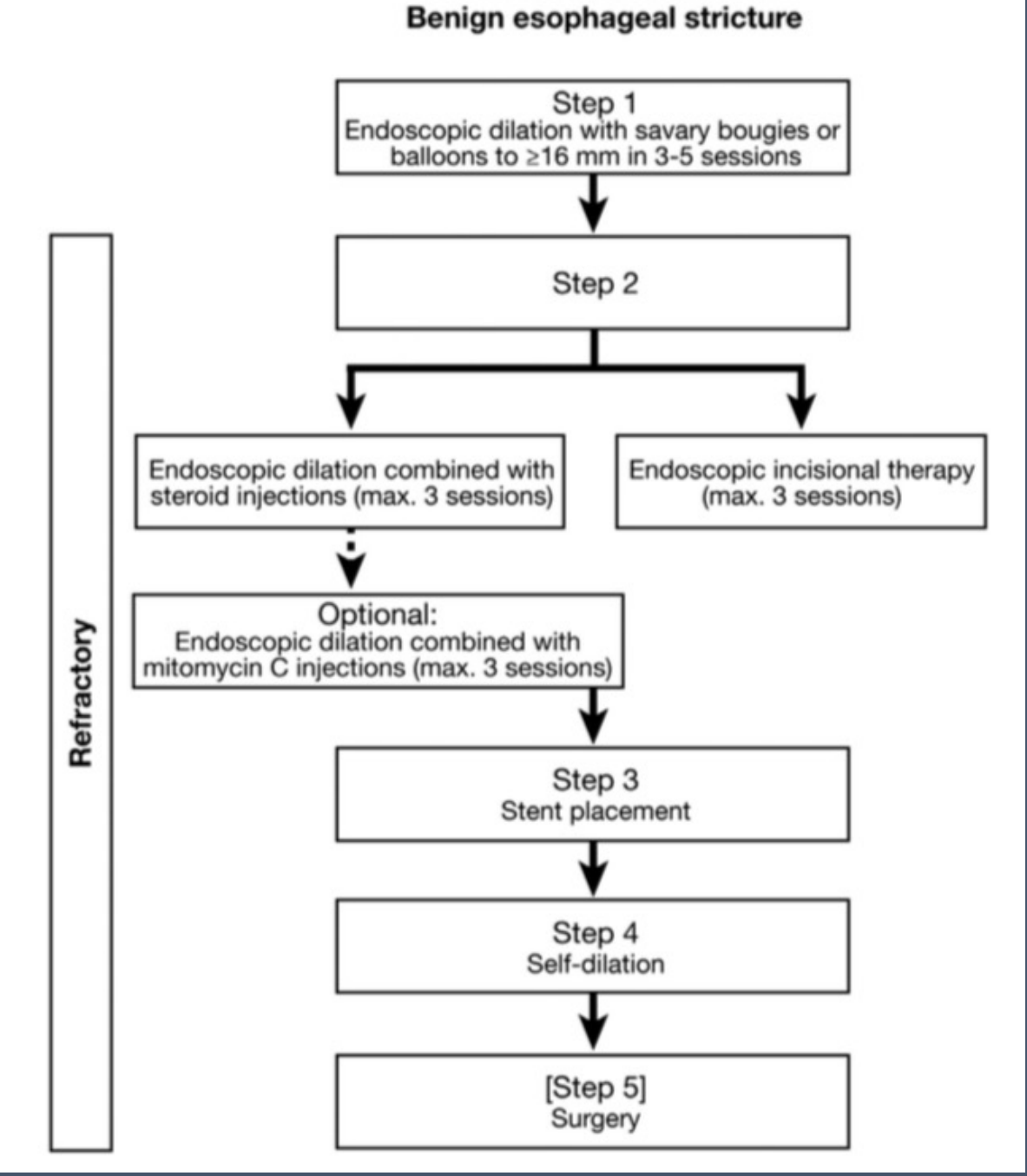


Advanced Stricture Management

- Prevention of post-ESD stricture
 - Minimize circumferential incision (RFA of flat dysplasia after ESD of nodular dysplasia)
 - Triamcinolone injection at time of resection followed by early, prophylactic dilation in ~two weeks
 - Oral prednisolone +/- injection (network meta-analysis showed oral therapy to be superior)



Siersema, PD. Gastro 2019;156:7–10



Advanced Stricture Management

Insert needle knife video



Advanced Stricture Management

Insert MMC video



Advanced Stricture Management

Consider cryo de-bulking video