

中文題目：回溯性分析 Ultraflex 及 WallFlex 食道金屬支架於惡性腫瘤食道狹窄病人上之效益及併發症之研究

英文題目：Retrospective comparison of efficacy and safety between Ultraflex and WallFlex stents in esophageal malignancy

作者：江泓賢, 吳鎮琨, 梁志明, 盧龍生, 郭仲謀, 陳建宏, 邱逸群

服務單位：長庚醫療財團法人高雄長庚紀念醫院 肝膽胃腸科系

Background:

Self-expanding metal stents (SEMS) are commonly used in the palliation of dysphagia in patients with malignant esophageal stricture. Membrane covered stents can offer palliation of esophageal fistula and prevent recurrent dysphagia caused by tumor ingrowth. However, the effectiveness and safety of outer-membrane covered stents versus inner-membrane covered stents remain uninvestigated.

Aims:

We aim to compare Ultraflex™ and WallFlex™ SEMS regarding the improvement of dysphagia, early and late complications in patients with esophageal stricture or fistula caused by esophageal malignancy.

Methods:

One hundred fourteen patients with esophageal lumen stricture and trachea-esophageal fistula due to primary esophageal malignancy who received the procedure of SEMS placement were enrolled in this retrospective study. The main outcomes were technical success, improvement in dysphagia score after stent insertion, complications and mortality.

Results:

Technical success was achieved at a 100% rate in both groups. The mean dysphagia score improved significantly in the Ultraflex and WallFlex groups compared to baseline (from  $3.76 \pm 0.429$  and  $3.76 \pm 0.468$  to  $2.40 \pm 1.011$  and  $2.37 \pm 1.049$ , respectively;  $P < 0.001$ ). The mean dysphasia score 1 month after stent insertion also improved from baseline to  $1.59 \pm 1.257$  and  $1.60 \pm 1.332$  in the Ultraflex and WallFlex groups, respectively ( $P < 0.001$ ). No significant difference seen in the improvement in dysphagia between two groups at 7 days ( $P = 0.998$ ) or 30 days ( $P = 0.986$ ) after stent. –There was no difference in the infection control or survival duration of the patients between two groups. The frequency of early complications, including chest pain, bleeding, reflux symptoms, stent migration, encountered in the two groups was similar. There was no difference of the restenosis rates in two groups. The late complications occurred more frequently with Ultraflex group than WallFlex group including tumor ingrowth from membrane area (22% v.s. 7.7%,  $P = 0.041$ ) and fistula formation after stent insertion (16% v.s. 3.8%,  $P = 0.039$ ).

Conclusions:

The two types of stent are equally effective and safety in the palliation of dysphagia associated with malignant esophageal stricture or fistula. However, WallFlex group has lower ingrowth rates and less fistula formation than Ultraflex group.