Effectiveness of the Multiple Use of Self-expanding Prostheses in Patients with Oesophageal Tumor Overgrowth: Case Report

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Abstract

Oesophageal cancer is one of the most aggressive neoplasms of the digestive tract, with high morbidity and mortality. According to histology, squamous cell carcinoma and adenocarcinoma are among the most common, constituting 90% of esophageal neoplasms patients with unresectable tumors with metastasis presence or with medical contraindications for surgical treatment with a less than three month survival; there are several palliative therapies available for this kind of patients in order to improve swallowing as much as possible, as well as the placement of multiple self-expanding metal esophageal stents to improve digestive transit in cases of stenosis and recurrence of dysphagia due to tumor overgrowth. A case report is presented with the aim of assessing the effectiveness of multiple self-expanding prostheses placement in a patient with esophageal tumor overgrowth.

The patient was continuously assessed over a period of three years. According to the international literature, it has been shown that the insertion of new coated prostheses prevents or delays obstruction. The patient was assessed by a follow-up study: a week, a month and six months later. Then, she was regularly assisted in the outpatient department with this aim, the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Core 30 (EORTC QLQ-C30) and its EORTC QLQ-OES18 (European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Oesophagus-specific-18) EORTC complement were applied, in order to improve the life quality according to the patient's perception.

Keywords: Life quality; Cancer patient; Multiple self-expandable endoprostheses; Esophageal cancer

Introduction

Oesophageal cancer is one of the most aggressive neoplasms of the digestive tract, with high morbidity and mortality. According to histology, squamous cell carcinoma and adenocarcinoma are among the most common, constituting 90% of esophageal neoplasms [1]. On the tumor location, this predominates in the distal esophagus, esophagogastric junction and it is dosely related to Barrett's esophagus, generally related to gastroesophageal refux disease and obesity.

Squamous cell carcinoma has as risk factors the smoking habit, alcoholic beverage intake, food ingestion at extreme temperatures, hereditar al es un j a R an i es o h ogas e ar iEj i inju diO N t aE, F

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with high morbidity and mortality. is case report is presented with the aim of assessing the e ectiveness of multiple self-expanding prostheses placement in a patient with oesophageal tumor overgrowth e patient was continuously assessed over a period of three years.

Case Report



Figure 2 Insertion of the fourth prosthesis with an endoscopic vision.

e results coincide with that of proposed by Kujawski et al. in with there was a minimum of complications, chest pain predominated in patients with lesions in the middle esophagus [7,8].

| Before | One month | Three months | Six months | |
|--------|----------------------|----------------------|------------|--|
| Afagia | Dysphagia for solids | Dysphagia for solids | Aphage | |

Table 1: Evaluation of the dysphagia described by Brawn in the f rst six months of the patient's incorporation into the study.

5 er six months she remained with dysphagia for solids up to present [Table 2].

| Measuring instrument of life quality | Before | One month | Three months | Six months | One year |
|--------------------------------------|--------|-----------|--------------|------------|----------|
| EORTC QLQ-C30 | 52.6 | 48.2 | 45.5 | 95.8 | 88.5 |
| OES-18 | 48.6 | 44.4 | 43 | 68 | 56 |

Table 2 Life quality evaluation of the oncological patient with the application of multiple self-expanding prostheses according to the evaluation time.

Discussion

In the majority of patients, esophageal cancer is diagnosed in advanced stages of the disease, being 10%-15% survival at five years. Dysphagia is a common complication that conditions a poor life quality of those patients in the terminal phase, in which palliative treatments is the primary objective with dierent therapeutic options [9,10].

leads researchers to take a variety of decisions. e