Publication Abstract

Title:	**Oesophageal stents with anti-migration design: Getting a grip on stent displacement**
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Background:	Oesophageal stents placed across the gastro-oesophageal junction have an increased risk of migration. We assessed the performance of a dedicated anti-migration design against national data from the Registry of Oesophageal Stenting (ROST).
Methods:	The braided nitinol Ella-HV stent is a removable, double-flared stent with a proximal anchoring collar designed to engage in the top end of the stricture and available with and without anti-reflux valve. All Ella-HV antireflux stents placed across the cardia over a 6 year period in a supraregional cancer centre were reviewed. Data up to 2009 were extracted from ROST. Outcome data were compared with national figures from the registry. Stents were inserted by two consultants under fluoroscopy. Only single stent placements across the cardia were included.
Results:	32 stents procedures were included; adenocarcinoma of the GOJ accounted for 68.8% of cases, identical to ROST 2 (69%). All stents were placed successfully ("Best Estimate" 97.1%); 1 patient required pre-dilatation to 10mm to pass the 28Fr. delivery system. At 24 hours there were no reported failures. 6.3% (2/32) stents migrated (95%CI 0-21.2%) compared to 17.7% (109/615) in ROST 2 (p=0.046). Two stents remained in place, where a different stent had migrated previously. Mean survival was 88.3 days (n=22; 95%CI 61.8-114.9). Dysphagia improved by at least 1 point in 72% of cases (n=25). All patients with grade 3 or 4 dysphagia improved by at least one point (n=10) compared to 94% of patients in ROST 2. No perforation or haemorrhage occurred.
Conclusions:	In this small study the anti-migration design of the Ella-HV stent reduced the displacement rate by 60% compared to the national average. It performs as well as other stents in terms of improving dysphagia, but the relatively large delivery system may require limited pre-dilatation in tight stenoses.
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