An esophageal stent is a stent (tube) placed in the esophagus to keep a blocked area open so the patient can swallow soft food and liquids.

Various therapies have been used to palliate dysphagia in patients with esophageal carcinoma, including esophageal stenting, esophageal dilation, radiation therapy, chemotherapy, laser ablation, thermal electrocoagulation, photodynamic therapy, sclerotherapy of the tumor, and nutritional support.

Esophageal stents — self-expanding metal stents (SEMSs) — have increasingly been used for palliation of malignant dysphagia and are currently the most common means of palliation.

Recently, self-expandable plastic stents (SEPSs) have been used for the management of benign esophageal conditions, such as tracheoesophageal fistulas, benign esophageal strictures, esophageal perforations, and leaks.

**INDICATIONS**

- Malignant esophageal obstruction
- Extrinsic Esophageal compression due to primary or secondary tumours.
- Recurrent / Refractory esophageal strictures
- TEF
- Esophageal perforations or leaks

**TYPES OF STENTS**

- Metallic – Nitinol stents (alloy of nickel and titanium)
- Plastic
- Self-expanding metal stents
  - Partially covered vs. uncovered stents vs fully covered stents
  - PARTIALLY COVERED STENTS – The uncovered portion allows embedding and anchoring.
  - FULLY COVERED NITINOL PROSTHESIS – high chance of migration. Used for benign conditions.(but for leaks and perforations wont hold and migrate) like Ultraflex and flamingo wallstein stent
  - UNCOVERED SEMSS – Recurrent dysphagia due to tumor ingrowth was the major disadvantage. Should be removed within 6 months
- SELF EXPANDABLE PLASTIC STENTS
  - Overcome problem of tissue hypertrophy and ingrowth at stent edge

**ESOPHAGEAL STENTS**

- Stents for benign conditions
- Stents for malignant conditions
  - Benign Conditions
  - Benign strictures
  - Post esophagectomy leak
  - Esophageal perforation
Esophageal fistula
Malignant conditions
For palliation
For neoadjuvant therapy

**PALLIATION**
Endoscopic or fluoroscopic guidance
Improves quality of life

**NEOADJUVANT CHEMOTHERAPY PLANNING**
Due to dysphagia nutritional compromise is extremely common.
Self expandible removable stents is safe improves symptoms and maintains nutrition
Type of stent – Antireflux stent

**COMPICATIONS of SEMS**

**Immediate**
- Aspiration
- Airway compromise
- Malposition
- Delivery system entrapment
- Stent dislodgement
- Perforation

**Early**
- Bleeding
- Chest pain
- Nausea

**Late (>1 week)**
- Recurrent dysphagia due to reobstruction from tumour
- Migration
- TEF
- Bleeding
- GERD