

ROLE OF INTERVENTIONAL RADIOLOGY IN TREATMENT OF ESOPHAGEAL STRICTURES

Essay

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By

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List of Contents

Title	Page No.
<i>Introduction.....</i>	<i>1</i>
<i>Aim of the work.....</i>	<i>3</i>
<i>Anatomy of esophagus.....</i>	<i>4</i>
<i>Pathology of esophageal stricture.....</i>	<i>20</i>
<i>Radiological diagnosis of esophageal stricture.....</i>	<i>29</i>
<i>Technical and clinical aspect.....</i>	<i>56</i>
<i>Illustrative cases.....</i>	<i>156</i>
<i>Summary and conclusion.....</i>	<i>178</i>
<i>References.....</i>	<i>180</i>
<i>Arabic sumamry</i>	

List of Figures

Fig. No.	Title	Page No.
Fig. (1):	The esophagus	5
Fig. (2):	The esophagus	6
Fig. (3):	Relation of cervical esophagus.....	8
Fig. (4):	Relation of thoracic and abdominal esophagus	9
Fig. (5):	Relation of thoracic esophagus at level of aortic arch.....	10
Fig. (6):	CT scan shows posterior mediastinal anatomy, esophagus anteromedial to the proximal descending aorta.....	10
Fig. (7):	Coronal section of the inferior esophagus, diaphragm, and superior stomach.....	12
Fig. (8):	The phrenico-esophageal membrane tethers the distal esophagus and stretches or ruptures with development of hiatus hernia.....	13
Fig. (9):	Ba swallow: Z-line (between the arrows) marks the junction of squamous (esophageal) and columnar (gastric) epithelium. Gastric rugae are seen extending up to the line	13
Fig. (10):	The lower end of the esophagus.....	14
Fig. (11):	Anatomy of the Gastroesophageal Junction	15
Fig. (12):	Endoscopic ultrasound of the esophagus.....	16
Fig. (13):	Nerves and lymphatics of abdominal esophagus and stomach.....	17
Fig. (14):	Esophageal lymph node maps indicating regional lymph node staging for esophageal cancer.	19
Fig. (15):	Esophagography: View of a large sliding hiatal hernia	30
Fig. (16):	A scintigraphic study demonstrating gross gastro-esophageal reflux	30
Fig. (17):	Esophagography a grossly patulous gastroesophageal junction which is wider than the diameter of the thoracic esophagus and associated with free gastroesophageal reflux	31
Fig. (18):	Radiographic and endoscopic images of two separate patients with the typical prominent gastroesophageal fold associated with reflux esophagitis	32

List of Figures (cont...)

Fig. No.	Title	Page No.
Fig. (19):	Peptic stricture with esophageal intramural pseudodiverticula	33
Fig. (20):	Esophagography: Benign Stricture Resulting from Reflux Esophagitis.....	33
Fig. (21):	Peptic stricture. Double-contrast esophagogram	33
Fig. (22):	Peptic stricture with sacculations.	34
Fig. (23):	Peptic stricture with fixed transverse folds.	34
Fig. (24):	Ring like peptic stricture.	35
Fig. (25):	Schatzki ring.....	35
Fig. (26):	Scleroderma.	36
Fig. (27):	Scleroderma with a peptic stricture.	37
Fig. (28):	Esophagography: Esophageal achalasia.	37
Fig. (29):	Classical appearances of achalasia.....	38
Fig. (30):	Radio-isotope study demonstrating achalasia.	39
Fig. (31):	Nasogastric intubation stricture.....	39
Fig. (32):	Esophagography: Barrett's esophagus	40
Fig. (33):	Esophagography: A typical example of a Barrett's esophagus with a hiatal hernia together with dilatation of the distal esophagus and a contractile ring just below the level of the aortic knuckle	41
Fig. (34):	Barrett's esophagus with a midesophageal stricture.	41
Fig. (35):	Barrett's esophagus with a midesophageal stricture and a reticular pattern.	41
Fig. (36):	Radiation stricture. Double-contrast esophagogram shows a smooth, tapered segment of concentric narrowing in the mid-esophagus.....	42
Fig. (37):	Caustic stricture. Double-contrast esophagogram	43
Fig. (38):	Alkali ingestion.....	43
Fig. (39):	Esophagography: Drug-induced stricture in a patient who developed dysphagia 6 months after taking potassium chloride for hypokalemia.....	43

List of Figures (cont...)

Fig. No.	Title	Page No.
Fig. (40):	Congenital esophageal stenosis in a young man with long-standing dysphagia and occasional superimposed food impactions.	44
Fig. (41):	Benign mucous membrane pemphigoid.....	45
Fig. (42):	Esophagography: A concentric upper esophageal web seen in both the frontal and lateral projections.....	47
Fig. (43):	Esophageal Web.	47
Fig. (44):	Barium study of a stricturing adenocarcinoma situated just above the gastroesophageal junction	48
Fig. (45):	Esophagography: Long Stricture Resulting from Esophageal Carcinoma.....	49
Fig. (46):	Esophagography: Adenocarcinoma in Barrett's Esophagus.....	49
Fig. (47):	Typical CT appearances of esophageal carcinoma.....	50
Fig. (48):	Staging of esophageal carcinoma by endoscopic ultrasound.....	52
Fig. (49):	Technique of balloon dilatation.	67
Fig. (50):	Selection of proper balloon size for dilation of an gastroesophageal anastomosis.	68
Fig. (51):	Balloon dilation of corrosive stricture in the esophagus.....	72
Fig. (52):	Flowchart of proposed algorithm for the treatment of corrosive esophageal stricture.....	73
Fig. (53):	Ballon dilatation in a 42 year old man with achalasia.	74
Fig. (54):	Esophageal stricture after repair of a tracheoesophageal fistula	77
Fig. (55):	Images of type 2 rupture in a 71 year old woman with a corrosive stricture in the esophagus.....	82
Fig. (56):	Balloon dilataion of postoperative stricture.....	83
Fig. (57):	Photographs show esophageal stents.	87
Fig. (58):	Photographs show covered esophageal stents	91
Fig. (59):	Photographs illustrate the delivery system of the Wallstent	92

List of Figures (cont...)

Fig. No.	Title	Page No.
Fig. (60):	Deployment of Wallstent in 58 year old man with malignant distal esophageal stricture	93
Fig. (61):	Drawings illustrate the delivery system of the Ultraflex stent	95
Fig. (62):	Ultraflex follow-up.....	95
Fig. (63):	Photographs illustrate the delivery system of the Z-stent.....	97
Fig. (64):	Steps in placement of esophageal Z-stent in 77 year old man with dysphagia and weight loss.....	98
Fig. (65):	Anti-reflux Gianturco-Z stent placed across distal esophageal adenocarcinoma	99
Fig. (66):	Covered Gianturco-Z stent placed across an anastomotic recurrence following previous gastrectomy.....	99
Fig. (67):	Esophacoil stent.....	100
Fig. (68):	Esophacoil coil spring stent	100
Fig. (69):	Photographs show esophageal stents	102
Fig. (70):	Photographs show esophageal stents	103
Fig. (71):	The Polyflex plastic stent.....	103
Fig. (72):	Better delineation of tumor extension with endoscopy in a patient with esophageal carcinoma.....	107
Fig. (73):	Esophageal stent placement technique.....	109
Fig. (74):	Stent migration.....	117
Fig. (75):	CT scan demonstrating the esophageal stent within the stomach.....	118
Fig. (76):	Plain abdominal radiograph and CT scan demonstrates multiple dilated small bowel loops with the esophageal stent projected centrally in the abdomen	119
Fig. (77):	Esophageal perforation	122
Fig. (78):	Tumor overgrowth	124
Fig. (79):	Reflux esophagitis	125
Fig. (80):	Tracheal compression.....	126
Fig. (81):	Images in a 62 year old man with a malignant gastroesophageal junction obstruction who underwent balloon dilation combined with chemotherapy	131

List of Figures (cont...)

Fig. No.	Title	Page No.
Fig. (82):	Images in a 68 year old man with a malignant gastroesophageal junction obstruction who underwent stent placement	132
Fig. (83):	Covered self-expandable esophageal stent with plastic sheaths holding ¹²⁵ I seeds fixed on outside of stent	134
Fig. (84):	Stent placement through the superior esophageal sphincter	137
Fig. (85):	Standard open Flamingo stent (<i>F</i>) and Dua stent (<i>D</i>) with anti-reflux sleeve	139
Fig. (86):	Treatment of malignant gastric and esophageal stenoses	140
Fig. (87):	Endoscopic view of the collapsed anti-reflux sleeve	141
Fig. (88):	Stenting of upper esophageal carcinoma	143
Fig. (89):	Recurrent new esophagobronchial fistula caused by tumor overgrowth 6 months after the initial insertion of the stent in a 66 year old man.....	145
Fig. (90):	Photograph shows, from top to bottom	148
Fig. (91):	Diagrams show the two drawstrings attached to the upper inner margin of the stent	149
Fig. (92):	Stent placement for corrosive stricture	150
Fig. (93):	Case 1	157
Fig. (94):	Case 2	159
Fig. (95):	Case 3	161
Fig. (96):	Case 4	163
Fig. (97):	Case 5	165
Fig. (98):	Case 6	167
Fig. (99):	Case 7	169
Fig. (100):	Case 8	171
Fig. (101):	Case 9	173
Fig. (102):	Case 10	175
Fig. (103):	Case 11	177

List of Tables

Table No.	Title	Page No.
Table (1):	Squamous cell carcinoma and adenocarcinoma of the esophagus: epidemiology, etiology, and symptoms	27
Table (2):	TNM staging of esophageal tumours.....	28
Table (3):	Esophageal tumours: non-regional nodal involvement	28
Table (4):	Differential diagnosis of esophageal narrowing.....	55
Table (5):	Main Dilators for Esophageal Dilatation	57
Table (6):	Standard Procedures after Stent Placement	111

List of Abbreviations

atm	<i>Atmospheres</i>
Ba	<i>Barium</i>
C	<i>Cervical vertebrae</i>
cGy	<i>Centi-gray</i>
cm	<i>Centimeter</i>
CT	<i>Computerized tomography</i>
EA	<i>Esophageal atresia</i>
e.g.	<i>Exempli gratia (latin: for example)</i>
ERF	<i>Esophagorespiratory fistula</i>
EUS	<i>Endoscopic ultrasonography</i>
F	<i>French</i>
FDG	<i>Fludeoxyglucose</i>
Fig	<i>Figure</i>
g	<i>Gram</i>
GEJ	<i>Gastroesophageal junction</i>
GERD	<i>Gastroesophageal reflux disease</i>
hr	<i>Hour</i>
Hg	<i>Mercury</i>
¹²⁵I	<i>Iodine 125</i>
i.e.	<i>Id est (latin: that is)</i>
in	<i>Inches</i>
LES	<i>Lower esophageal sphincter</i>
mg	<i>Milligram</i>
MHz	<i>Mega hertz</i>

<i>min</i>	<i>Minute</i>
<i>ml</i>	<i>Milliliter</i>
<i>mm</i>	<i>Millimeter</i>
<i>OTW</i>	<i>Over the wire</i>
<i>PET</i>	<i>Positron emission tomography</i>
<i>PH</i>	<i>Power of hydrogen</i>
<i>PSI</i>	<i>Pound per square inch</i>
<i>RE</i>	<i>Reflux esophagitis</i>
<i>SCCs</i>	<i>Squamous cell carcinomas</i>
<i>SEMS</i>	<i>Self expanding metal stents</i>
<i>SEPS</i>	<i>Self expanding plastic stents</i>
<i>T</i>	<i>Dorsal vertebrae</i>
<i>TEF</i>	<i>Tracheoesophageal fistula</i>
<i>TTS</i>	<i>Through the scope</i>
<i>UES</i>	<i>Upper esophageal sphincter</i>
<i>UK</i>	<i>United kingdom</i>
<i>US</i>	<i>Ultrasonography</i>
<i>vs</i>	<i>Versus</i>
<i>yr</i>	<i>year</i>

INTRODUCTION

Cancer of the esophagus accounts for 7% of gastrointestinal cancers and 1% of all cancers, the estimated incidence is 7.5 cases per 100,000 persons per year; this deadly disease is incurable in over 60% of patients at presentation (*Gollub et al., 2006*).

Benign strictures of the esophagus are an important cause of dysphagia; they may result from common conditions such as gastroesophageal reflux disease or from rare and complex multisystem disorders (*Luedtke et al., 2005*).

Although many benign strictures can be treated with balloon dilation, esophageal stent placement will be one of the main palliative options in malignant dysphagia (*Therasse et al., 2005*).

Most patients with esophageal carcinoma are not candidates for resection; thus, the main focus of treatment is palliation of malignant dysphagia, esophageal stent placement, is one of the main therapeutic options in affected patients and relieves dysphagia in approximately 90% of cases (*Therasse et al., 2005*).

Esophageal balloon dilation and expandable stent placement are safe, minimally invasive, effective treatments for esophageal strictures, these procedures have brought the management of dysphagia due to esophageal strictures into the field of interventional radiology (***Therasse et al., 2005***).

AIM OF THE WORK

The aim of this study is to emphasize the role of esophageal stent and balloon dilatation in treatment of esophageal strictures.