ONCOLOGICAL OUTCOME OF MALIGNANT COLONIC OBSTRUCTION IN THE DUTCH STENT-IN 2 TRIAL

Author: Sloothaak et al.

The Stent-IN 2 Trial randomised patients with malignant colonic obstruction to emergency surgery or stent placement, as a bridge to elective surgery. The study was performed to assess oncological outcomes.

A history of colon stenting for malignant colon obstruction was provided, indicating the increased popularity with this technique in particular as a bridging procedure towards a semi-elective surgical procedure. Studies have suggested that this approach is associated with a lower morbidity, mortality and colostomy rate than emergency surgical intervention.

The results of the study indicated the real concerns of stent complications. In particular this related to perforations which may be subclinical, peritumoural ulceration, and the authors discussed the potential spread of cancer cells as a result of stent deployment. The incidence of clinical stent related perforation is 6.9% based on the meta-analysis. The incidence is considered to be related to the local anatomy, tumour factors namely the length and nature of the cancer. Other factors include the design of the stent and the experience of the clinician placing the stent.

The results of the study do not support stenting in all cases of colonic obstruction. The authors argue that the benefits of colonic stenting are quite minimal in low risk patients, and that emergency surgery is probably the preferred treatment for patients without significant operative risk. Stenting is best reserved for patients with a greater operative risk including an age over 70.

Dr Currer’s comment:

Stenting of left sided colon obstructing tumours has become popular, particularly as a bridge, to elective surgery within a few days. This allows surgery to be performed in ideal circumstances rather than in suboptimal conditions often after hours. The stenting may reduce the requirement for a colostomy in this setting.