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Does it matter which plastic stents we use for the treatment of post-surgical leaks? Or is it a one-size-fits-all?

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Conflict of interest: SASL is the recipient of the 2021 American Society for Gastrointestinal Endoscopy (ASGE) Endoscopic Training Award by the ASGE and Fujifilm. EGHM is a consultant for Olympus and Boston Scientific.

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To the Editor:

We congratulate Fuentes-Valenzuela et al[1] on their study entitled “Endoscopic internal drainage using transmural double-pigtail stents in leaks following upper gastrointestinal tract surgery.” The authors report a technical and clinical success of 100% and 77.8 %, respectively. Although double-pigtail stents (DPS) have been a mainstay of treatment of leaks and post-surgical fluid collections, we would like to share our reservations with the type of DPS used.

There are several endoscopic approaches for the treatment of post-operative leaks[2, 3] and the authors report using the Advanix™ (Boston Scientific, MA, USA) and Visio® G. Flex (Belgium) stents. These stents, typically used for biliopancreatic indications, are hard, less flexible, and can potentially cause tissue trauma leading to undesirable adverse events (AEs) such as the two events of mucosal erosion and tracheoesophageal fistula reported by the authors. Additionally, despite not being reported in this series, bleeding and aneurism can also occur[4].

In our experience, due to AEs related to biliary plastic stents, we have been using 7 FR double-pigtail ureteral stents with similar efficacy and a lower rate of adverse events. In two years of experience, we did not report any case of fistula or bleeding, although rates of migration are similar to the conventional biliary stents. The ureteral pigtail stents are typically made from polyurethane and have the advantage of being much softer, more flexible, and given the size of 24-26 cms, they can be cut accordingly to a desirable size. Also, they typically have less incrustation, good radiopacity, and have clear markings to facilitate their placement (Figure 1). These characteristics can diminish substantially the risk of injury to nearby structures.

With this in mind, we think the use of the traditional biliary plastic stents should be avoided to prevent potentially undesirable AEs. We welcome the author's view on this controversial area.

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Figure 1. Biliary pigtail stent (left) and ureteral pigtail stent (right).

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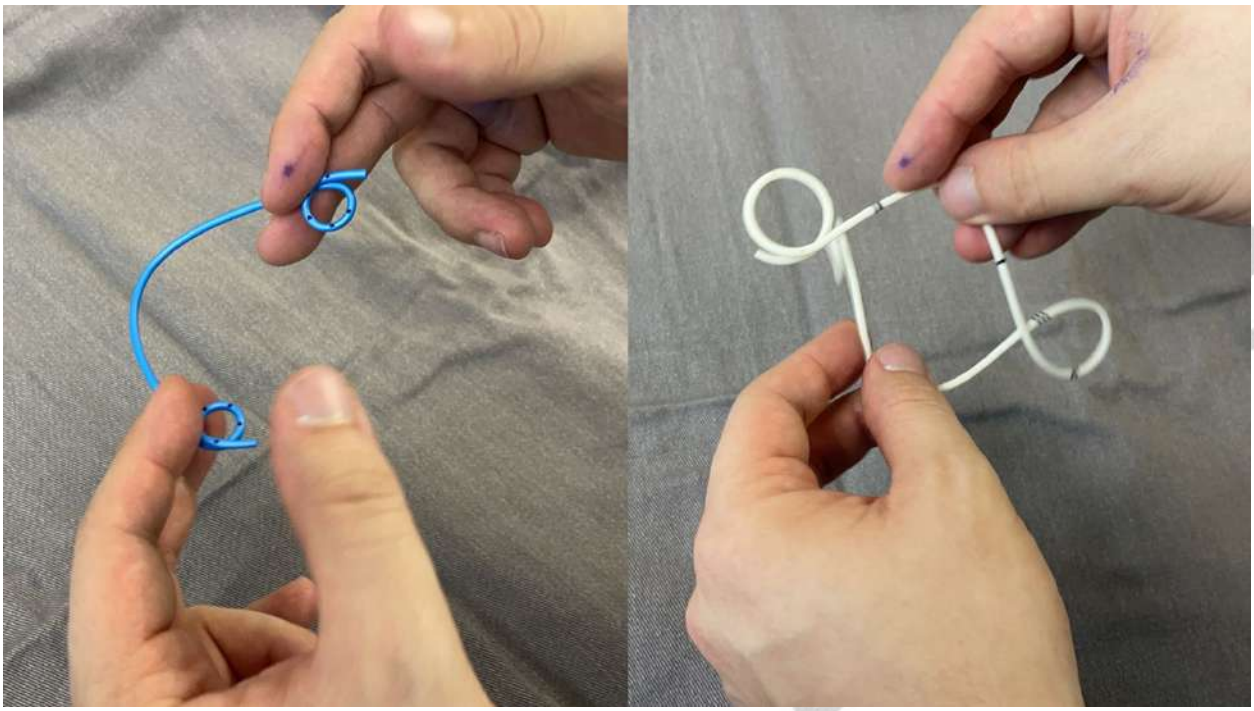

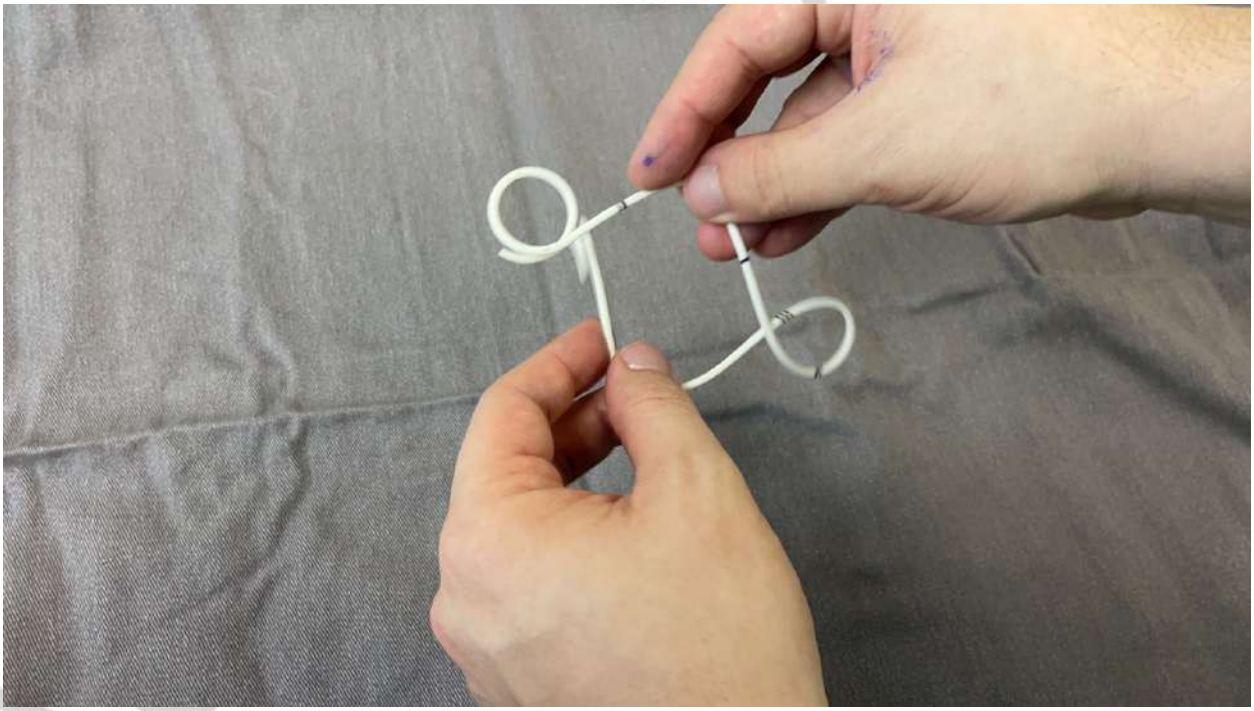

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