GOO

DILATE OR STENT

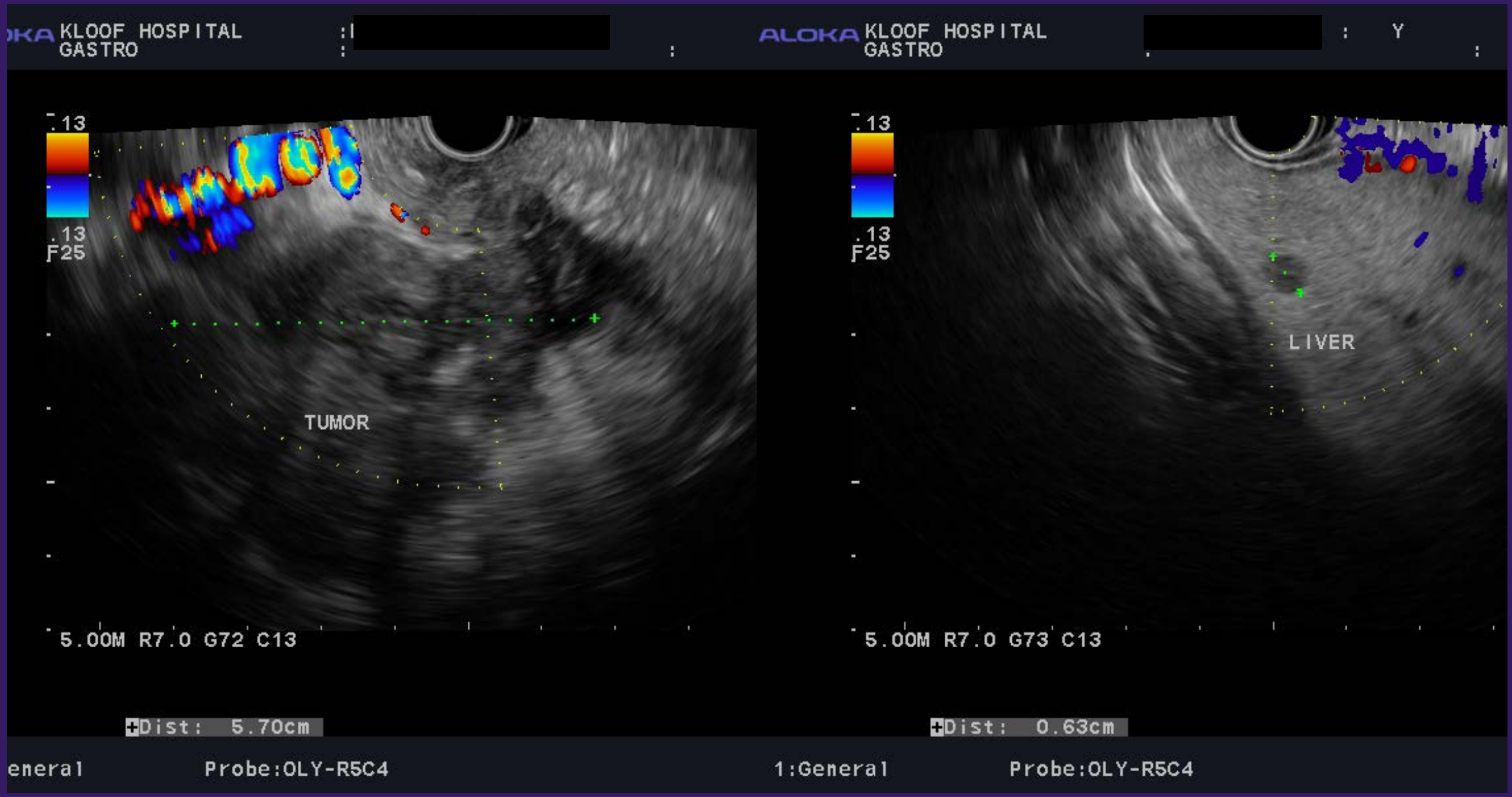
Dr C Ziady 06 Oct ’18

Differentiate Malignant from Benign

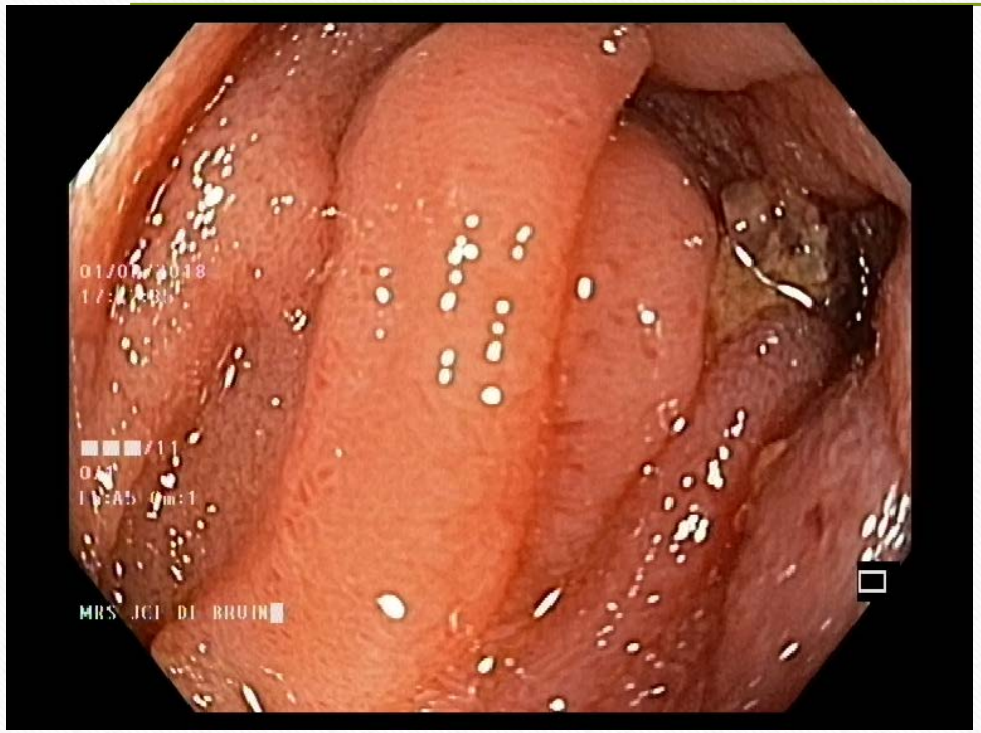
- Malignant: predominant Stenting
- Benign: initially Dilate
- Gastro paresis ???

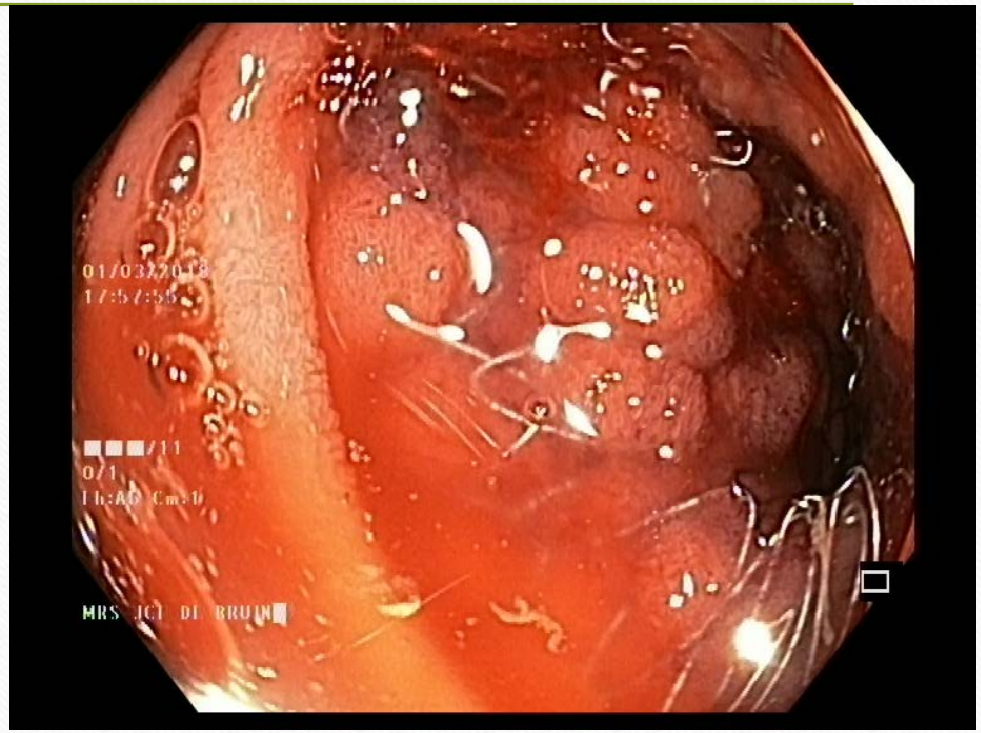
Aetiology – malignant(50-80%)

- PAC
- Gastric CA
- Lymphoma
- Primary or Metastatic Duodenal Malignancy
- NET, GIST


KLOOF HOSPITAL
GASTRO
.13
.13
F25
TUMOR
5.00M R7.0 G72 C13
Dist: 5.70cm
eneral
Probe:OLY-R5C4
ALOKA
KLOOF HOSPITAL
GASTRO
Y
.13
.13
F25
LIVER
5.00M R7.0 G73 C13
Dist: 0.63cm
1:General
Probe:OLY-R5C4

PAC Stricture at Treitz



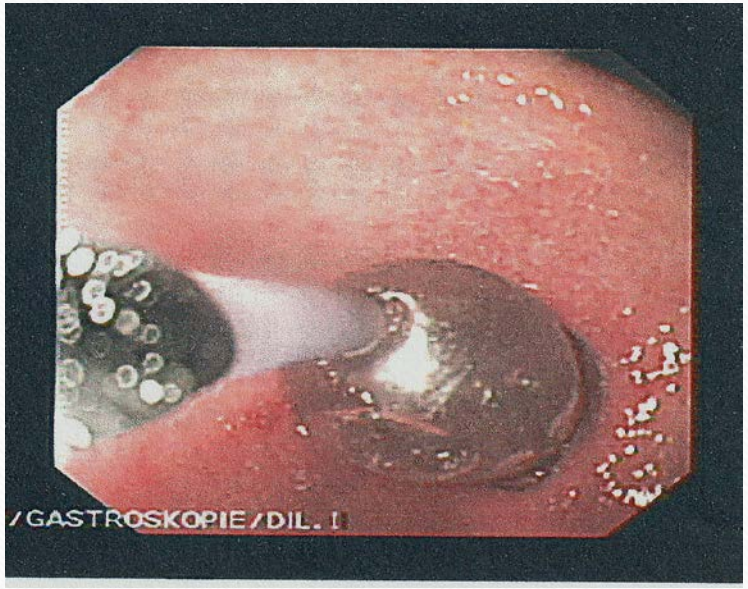


Aetiology Benign

- PUD
- Post Surgical
- Previous Severe Pancreatitis
- Caustic Injury
- Bezoars
- CD, TB

Benign PUD Stricture

Balloon Dilatation



Eventual Result

Comparative studies GJJ vs STENTING

- Chin Med J (Engl). 2016 May 5;129(9):1113-21. doi: 10.4103/0366-6999.180530.
- **Palliative Therapy for Gastric Outlet Obstruction Caused by Unresectable Gastric Cancer: A Meta-analysis Comparison of Gastrojejunostomy with Endoscopic Stenting.**
- Bian SB, Shen WS, Xi HQ, Wei B, Chen L[1].
- **Author information**
- 1
- Department of General Surgery, Chinese People's Liberation Army General Hospital, Beijing 100853, China.

CONCLUSIONS:

Both GJJ and ES are effective procedures for the treatment of GOO caused by gastric cancer. ES is associated with better short-term outcomes. GJJ is preferable to ES in terms of its lower rate of stent-related complications, re-obstruction, and reintervention. GJJ should be considered a treatment option for patients with a long life expectancy and good performance status

J Gastroenterol. 2010 May;45(5):537-43. doi: 10.1007/s00535-009-0181-0. Epub 2009 Dec 22.

Cost comparison of gastrojejunostomy versus duodenal stent placement for malignant gastric outlet obstruction.

Jeurnink SM[1], Polinder S, Steyerberg EW, Kuipers EJ, Siersema PD.

Author information

1

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RESULTS:

Food intake improved more rapidly after stent placement than after GJJ, but long-term relief of obstructive symptoms was better after GJJ. More major complications (P = 0.02) occurred and more reinterventions were performed (P < 0.01) after stent placement than after GJJ. Initial costs were higher for GJJ compared to stent placement (euro8315 vs. euro4820, P < 0.001). We found no difference in follow-up costs. Total costs per patient were higher for GJJ compared to stent placement (euro12433 vs. euro8819, P = 0.049). The incremental cost-effectiveness ratio of GJJ compared to stent placement was euro164 per extra day with a gastric outlet obstruction scoring system (GOOSS) >or=2 adjusted for survival.

CONCLUSIONS:

Medical effects were better after GJJ, although GJJ had higher total costs. Since the cost difference between the two treatments was only small, cost should not play a predominant role when deciding on the type of treatment assigned to patients with malignant GOO (ISRCTN 06702358).

J Surg Oncol. 2007 Oct 1;96(5):389-96.

Gastrojejunostomy versus stent placement in patients with malignant gastric outlet obstruction: a comparison in 95 patients.

Jeurnink SM[1], Steyerberg EW, Hof Gv, van Eijck CH, Kuipers EJ, Siersema PD.

Author information

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Department of Gastroenterology and Hepatology, Erasmus MC/ University Medical Center Rotterdam, The Netherlands.

RESULTS:

Fifty-three patients were referred for duodenal stent placement and 42 patients underwent GJJ. There were no differences in technical and clinical success and the incidence of minor and early major complications and survival. Food intake improved more rapidly after stent placement than GJJ ($P = 0.01$). The time to late major complications, recurrent obstructive symptoms and re-intervention was significantly shorter after stent placement than GJJ ($P = 0.004$, 0.002, and 0.004, respectively). Hospital stay was also shorter after stent placement than GJJ ($P < 0.001$).

CONCLUSION:

These findings suggest that stent placement is associated with better short-term outcomes and GJJ with better long-term outcomes. A large randomized controlled trial is however needed to systematically compare stent placement with GJJ with regard to medical effects, quality of life and costs.