

The Stent That Went Too Far: Ascending Colon Perforation Following Gastric Stent Migration

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Introduction

- Self-expanding metal stents (SEMS) relieve gastric outlet obstruction (GOO) and act as a **bridge to perioperative FLOT**.
- Fully covered SEMS** migrate more often (8-25%); perforation is rare.
- No prior report** of a gastric stent perforating the ascending colon.

Case Presentation

- 32-year-old male**: 3 months of vomiting, epigastric pain, weight loss.
- Stenosing distal gastric tumor; biopsy: **adenocarcinoma**. **Fully covered SEMS (20 x 130 mm)** placed.
- PET-CT: **T3N1M0**, no metastasis. Perioperative **FLOT: three cycles** uneventful.
- Day 52**: sudden abdominal pain, generalized peritonitis. HR 82/min, BP 107/71, **WBC 27.05 x 10⁹/L**, Hb 11.5 g/dL.

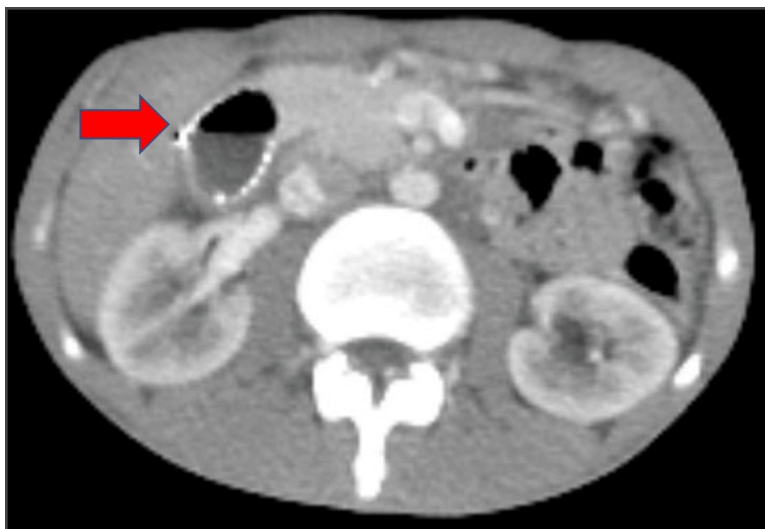


Figure 1. CT: fully covered SEMS (red arrow) across the malignant distal gastric stricture.

Outcome

- Uneventful recovery. 3 more FLOT cycles, then **distal gastrectomy (R0)**, 2 adjuvant cycles.
- No recurrence at 12 months.**

Day 0
Stent

Day 22
FLOT C1

Day 52
Perforation

Day 156
Surgery

Imaging and Operative Findings

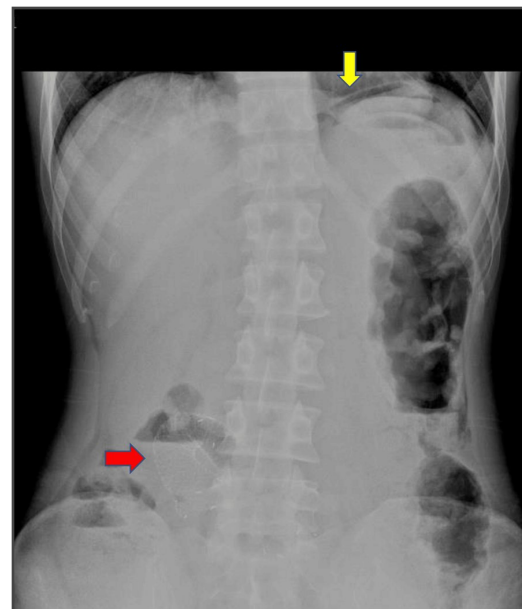


Figure 2. Erect abdominal X-ray: free subdiaphragmatic air (yellow arrow) and migrated stent in the right lower abdomen (red arrow).

- Laparotomy**: **ascending colon perforation near hepatic flexure**, gross fecal contamination; gastric site intact.
- Right hemicolectomy** with lavage.

Histopathology

- Transmural inflammation and ulceration; **stent end embedded in the perforation: confirmed cause.**

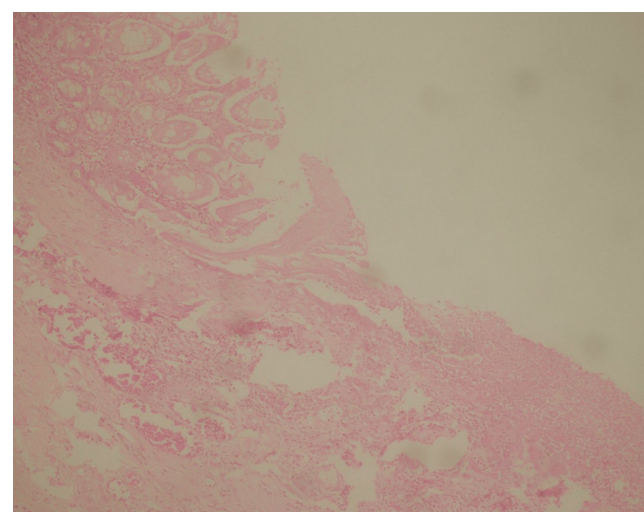


Fig 3. Ulceration, slough, transmural inflammation.

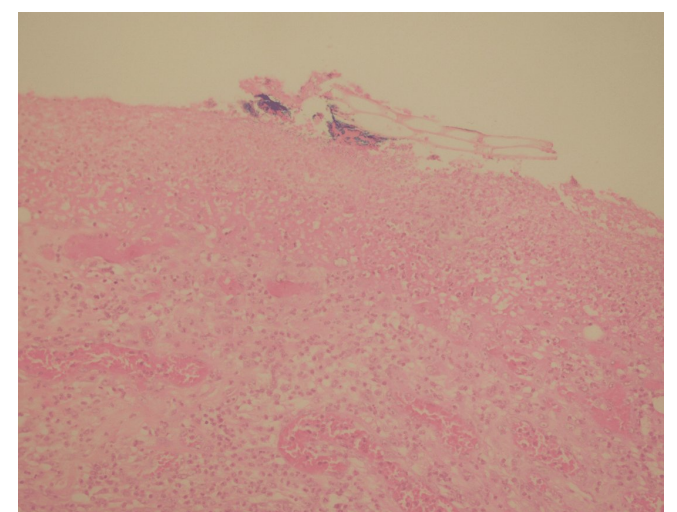


Fig 4. Serosal slough, necrosis, congestion.

Discussion

- Mechanism**: tumor regression on chemotherapy reduced anchoring; the rigid 130 mm stent impacted at the ileocecal region, causing **pressure necrosis**.
- Silent migration**: no interim imaging. **Unique**: bridge to neoadjuvant therapy, not palliation.

TAKE-HOME MESSAGE

- Fully covered gastric SEMS can migrate the entire GI tract and cause **colonic perforation**.
- Stay vigilant after stenting, especially during neoadjuvant chemotherapy; consider **selective interval imaging** in high-risk patients.
- New abdominal pain in a stented patient warrants urgent imaging.