Endoscopic bougie dilatation is effective and safe for oesophageal and pharyngeal strictures: outcomes of a large case series

Endoscopic bougie dilatation at our centre, using the endoscopy database to identify all dilatations done by a single operator. Bougies were selected based on size and shape to suit the anatomic stricture. 479 bougies were used in 146 patients, who underwent a total of 201 dilatations. Median age was 57 (range 5–89); median follow-up was 17 months (range 1–180). 17 mm (range 12–18). Recurrence requiring further dilatation occurred in 27 (34%), after a median of 8 months (range 3–47). In the remainder, median observed remission was 24 months (range 1–63). For pharyngeal pathology patients underwent a median of 2 dilatations (range 1–12). After initial dilatation, 12 (48%) achieved lasting benefit, 5 (20%) had no benefit and 8 (32%) benefited from periodic scheduled dilatations.

Overall median follow up was 22 months (IQR 7–48). Among the whole case series there were 6 (4%) unscheduled admissions, all self-limiting (dysphagia 2, food bolus 2, stent-related bleed 1, pain 1). There were no perforations.

Conclusion This large case series supports the role of bougie dilatation as a safe and effective therapy for benign peptic strictures. With careful case selection it also appears a valuable, appropriate and safe option for a range of similar oesophageal and pharyngeal pathologies.

Disclosure of Interest None Declared.

Introduction Gastrointestinal stromal tumours (GISTs) are rare mesenchymal tumours of the gastrointestinal tract. In recent years there is increasing focus on immunohistochemistry biomarkers and targeted imatinib therapy for treatment, but there is little data from the UK on factors that influence outcome.

Methods We reviewed clinical, pathological, treatment strategies, follow-up and outcome data in all patients with GISTs at our regional multidisciplinary cancer group between Jan 2008 and Dec 2012. Tumour size, mitotic index, other pathological parameters and immunohistochemical stains including CD117 (KIT), CD34, and others were recorded. Tumours were categorised according to the NIH, revised AFIP, and AJCC risk-stratification models. Cox proportional hazard regression was used to determine independent factors associated with survival.

Results 42 patients with GIST were identified. 36 (85.7%) were located in the stomach, 5 (11.9%) in the small intestine, and 1 (2.4%) in the oesophagus. Median age was 68 (range 43–91) yrs, 24 (57.1%) were female. Tumour size ranged from 1.0–12.7 cm (mean 5.5 cm). Metastasis was present in 19 (45.2%) at diagnosis, the liver being the most common site in 8(42.1%). Histology and immunohistochemical analysis was available in 31 (73.8%). Commonest histological subtype was spindle cell in 17 (53.1%), epithelioid in 9 (29.0%) and mixed in 5 (16.1%). CD117 was positive in 90.6%, and CD34 in 75.0%. 54.8% of cases were deemed low risk by all three classification systems. Imatinib was given to 14/42 (33.3%) patients; as primary therapy in 10 (23.8%) patients (9 palliative and 1 neoadjuvant), and as adjuvant therapy in 4 patients. Cox proportional hazard regression revealed age, tumour size, mitotic count, metastases at...