

(
); 0,
5, 3 4 , 2
가 6 . 13 (92%) . 1
가
(Table 1).
(Solotop, ,) 2 (14%)
, 0.035 (Radifocus (Fig.
wire; Terumo, Tokyo, Japan) 1).
가 1
16 - 18 mm, 4 - 8 cm (Medi -
Tech/Boston Scientific, Watertown, Mass) 3) , 7 1 - 14 (,
1:1 가 , 1 가 7 5
(Telebrix 30; Guerbet, Aulnay - sous - Bois, France) 1 가
24
1 - 3 . 5
가 2 2 - 10 (, 4) 가
2 가 3 가
1
2 가 1 13 10
4 - 64 (, 20)
가 7 (70%)
3 20 - 52 (, 33
1
“ ” 2 - 3)
1 , 6
1
가
가

Table 1. Brief Profiles of Balloon Dilatatin for the Treatment of Malignant Stricture Involving the Esophagogastric Junction in 14 Patients

Sex/Age	Symptom duration*	Grade of dysphagia		Recurrence [†] (Month)	Treatment [‡]	Complication	Follow up (Weeks)
		Before	After				
54/M	12	2	1	Y(14)	S(refuse)/B	N	64
41/M	0.5	2	1	Y(1)	B	Pain	24
64/M	0.75	5	3	N	N	N	3
39/F	3	2	2	Y(1)	Refuse	N	11
74/M	0.5	5	2	Y(2)	B	N	28
65/M	3	3	1	Y(1)	B	N	20
74/M	1	5	2	N	N	N	12
76/M	1	2	1	N	N	N	19
81/M	0.5	3	1	N	N	N	16
70/M	0.5	3	2	N	N	N	4
77/F	3	3	2	Y(1)	B/S	N	52
74/F	1	2	1	Y(2)	B/S	N	28
44/M	1	3	1	N	N	N	20
80/M	0.5	5	3	N	N	Pain	11

* : Number means month

†: Y, Yes; N, No, Number in parenthesis means interval from initial balloon dilation to recurrence

‡: S, Stent; B, Balloon; B/S, Stent replacement after Balloon dilatation



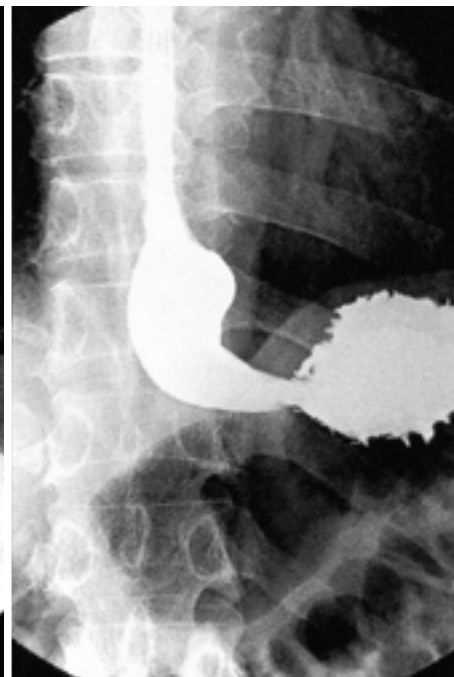
A



B



C



D

Fig. 1. A. Initial esophagograph of 77 year-old female patient shows malignant stricture involving the esophagogastric junction.

B. During the procedure, 18 mm balloon catheter was used to dilate the stricture involving the esophagogastric junction.

C. Just after the procedure, the malignant stricture and passage of the contrast was improved. And the patient was followed by chemotherapy.

D. After 6 cycles of chemotherapy, the esophagography obtained 1 month after the procedure shows further improvement of contrast passage.

(1). 60% 가 20% 가 (11). , , 가 (15) 157 (1 - 6). 1983 Frimberger (12) 가 (6 - 10, 13). - 가 가 (6, 7, 16, 17). , Andreas 23

가 1 가 ,

(14) Z - stent

가

3 가 . Nobrega (18) 2 - 40

41%

, Mclean (19) 49

6 81%

가 2 - 4

92% 2 - 3 50%

1 (, 3) 가

가 1.8%

(26) 가 (20 - 24). Wichern (25), Kang

2

가

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Malignant Strictures Involving the Esophagogastric Junction: Palliative Treatment with Balloon Dilation Combined with Chemotherapy and/or Radiotherapy¹

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Purpose: To overcome the limitations of expandable metallic stent placement by using balloon dilation combined with chemotherapy or radiation therapy in the treatment of malignant esophageal strictures involving the esophagogastric junction (EGJ).

Materials and Methods: Fluoroscopically guided balloon dilation was performed in 14 patients with strictures due to squamous cell carcinoma (n = 5) or adenocarcinoma (n = 9). After balloon dilation all patients underwent chemotherapy or radiation therapy.

Results: There were no technical failures or major complications. After dilation, dysphagia improved in 13 (92%) of 14 patients, and the long-term success rate was 50%. Six of the seven patients in whom the condition recurred underwent further balloon dilation (n = 4) or placement of an expandable metallic stent (n = 2). Ten of the 13 who were followed up died after diffuse metastasis. Prior to their eventual death (mean survival, 20 weeks), the dysphagia experienced by seven (70%) of these ten improved, and thus they required no further treatment.

Conclusion: Balloon dilation combined with chemotherapy or radiation therapy seems to be a safe and effective secondary therapy for patients with dysphagia due to malignant stricture involving the EGJ.

Index words : Esophagus, neoplasms
Esophagus, interventional procedures
Esophagus, stenosis or obstruction

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