

# Roth Net® Retrieval

Roth Net® Case Report Series • Report 2



**“The Roth Net proved to be very effective and the stent was safely removed.”**

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## Procedure

- EGD with SEMS removal

## Indications

- Patient with a history of high-grade dysplasia and EMR to treat intramucosal cancer
- Post-EMR stenosis with placement of an esophageal stent with an anti-reflux valve

## Findings

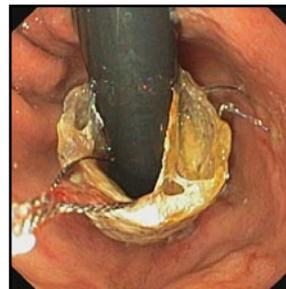
The proximal end of the stent was buried under hyperplastic mucosal overgrowth with esophageal narrowing.

## Roth Net Retrieval

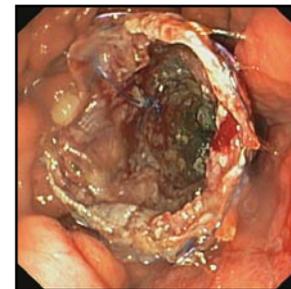
After balloon dilation, the proximal wire of the stent was grasped with a rat-tooth forceps. Attempts to remove or grasp and push the stent into the stomach were unsuccessful. A snare was passed through the working channel, opened, retroflexed and closed around the distal end of the scope. The scope with snare was reintroduced and passed into the stent maintaining the retroflexed positioning. The snare was carefully opened, withdrawn from the distal end of the scope, and deployed around the distal end of the stent (maintaining the retroflexed position). The snare was closed around the stent, the scope straightened and the stent pushed into the stomach under fluoroscopic guidance. The Roth Net was utilized to capture this end of the stent and collapse it for easy and safe removal. The patient made an uneventful recovery but required 4 subsequent dilations to resolve the esophageal stenosis.



1. Proximal view of the stent buried under mucosal overgrowth.



2. Snare around the scope shaft within the stent.



3. Proximal view of the stent in the stomach.



4. Proximal end of the stent collapsed and captured within the Roth Net.



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