

MULTICENTER RETROSPECTIVE STUDY OF PROCEDURE-RELATED EARLY ADVERSE EVENTS FOLLOWING ENDOSCOPIC ULTRASOUND-GUIDED HEPATICOGASTROSTOMY

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Poster

Hepatobiliary

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Multicenter study of 222 patients undergoing EUS-guided hepaticogastrostomy shows high technical success (97.8%) but notable early adverse events (22.1%), particularly in patients receiving fistula dilation or concomitant antegrade stenting.

KEY POINTS

- Technical success was 97.8% and clinical success 85.1% across 222 patients treated between November 2014 and August 2024 at six Japanese centers.
- Procedure-related adverse events within 2 weeks occurred in 22.1% of patients, classified as mild (16.7%), moderate (4.1%), or severe (1.4%), with acute peritonitis the most common event at 9.5%.
- Use of any dilation device (OR 3.55, $P=0.01$) and concomitant antegrade stenting (OR 2.62, $P=0.03$) were independent risk factors for early adverse events.
- Recurrent biliary obstruction occurred in 23.1% of patients, with metal stents showing significantly longer median patency than plastic stents (313 vs 162 days, $P=0.02$).
- This material is most relevant for interventional endoscopists performing or considering EUS-guided biliary drainage in patients with failed transpapillary access.

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