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Summary

ADVANCED CANNULATION TECHNIQUES VS DIRECT EUS-GUIDED BILIARY DRAINAGE IN CASE OF DIFFICULT BILIARY CANNULATION IN PATIENTS WITH DISTAL MALIGNANT BILIARY OBSTRUCTION: AN INTERNATIONAL MULTI-CENTER PROPENSITY SCORE-MATCHED ANALYSIS

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In patients with distal malignant biliary obstruction and dilated common bile duct, endoscopic ultrasound-guided biliary drainage achieved higher technical success than advanced ERCP cannulation techniques when standard cannulation failed, with comparable clinical success and a non-significant trend toward fewer adverse events.

KEY POINTS

- A propensity score-matched study of 114 patients with distal malignant biliary obstruction and common bile duct diameter greater than 12 mm compared advanced ERCP cannulation techniques (76 patients) to direct EUS-guided biliary drainage (38 patients) after standard cannulation failure
- Advanced cannulation techniques failed in 22.4% of cases (17 of 76 patients), all of whom were successfully rescued with EUS-guided approach, while no biliary drainage failures occurred in the EUS-BD group (p less than 0.05)
- Clinical success was comparable between groups: 91.2% for advanced ERCP versus 94.7% for EUS-BD (p equals 0.46)
- Adverse events occurred in 20.6% of the advanced ERCP group (7 cholangitis, 6 pancreatitis, 2 bleeding, 2 other) versus 7.9% in the EUS-BD group (2 cholangitis, 1 pancreatitis, 1 bleeding), though the difference was not statistically significant (p equals 0.14)

– The authors suggest EUS-BD may be an efficient option for difficult biliary cannulation in patients with dilated common bile duct, possibly minimizing adverse event risk, though a larger study is needed to confirm the safety trend

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