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Summary

PRELIMINARY RESULTS OF THE GIANUS STUDY: EUS-GUIDED HEPATICOGASTROSTOMY VERSUS EUS-GUIDED TRANSGASTRIC GALLBLADDER DRAINAGE FOR MALIGNANT BILIARY AND DUODENAL OBSTRUCTION

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In patients with distal malignant biliary obstruction and concomitant duodenal obstruction, transgastric EUS-guided gallbladder drainage achieved comparable efficacy and safety to EUS-guided hepaticogastrostomy but required more frequent biliary reinterventions.

KEY POINTS

- This multicenter retrospective study from 13 Italian centers included 101 patients (67 EUS-HGS, 34 transgastric EUS-GBD) with median follow-up 125.5 days.
- Clinical success (≥50% bilirubin reduction within 2 weeks) was 88.1% for EUS-HGS versus 79.4% for EUS-GBD (p=0.25), with technical success 98% overall and no significant difference between groups.
- Adverse events occurred in 19.8% overall with comparable rates between EUS-HGS (19.4%) and EUS-GBD (20.6%, p=1.0).
- Biliary reintervention was required more frequently in the EUS-GBD group (26.5%) compared with EUS-HGS (9%, p=0.03).
- The authors conclude that transgastric EUS-GBD may be a viable alternative to EUS-HGS in centers where hepaticogastrostomy is not routinely available, though the higher reintervention rate is a trade-off.
- The cohort had a high rate of asymptomatic duodenal obstruction, and prospective studies are needed to confirm findings in symptomatic patients.

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