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Summary

EUS-GUIDED CHOLEDOCHODUODENOSTOMY IS TECHNICALLY SUPERIOR WITH COMPARABLE SAFETY THAN ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAHY IN MALIGNANT BILIARY OBSTRUCTION: AN INDIVIDUAL PATIENT DATA META-ANALYSIS

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Meta-analysis of three RCTs (519 patients) shows EUS-guided choledochoduodenostomy using lumen-apposing metal stents is as safe as ERCP for advanced malignant distal biliary obstruction, with higher technical success and shorter procedure time.

KEY POINTS

- No difference in severe or fatal adverse events at 14 days between EUS-CDSL and ERCP (OR 0.64, 95% CI 0.22-1.83 for IPD; RR 0.76, 95% CI 0.22, 1.77 for aggregate data).
- Technical success was greater for EUS-CDSL compared to ERCP (OR 4.22, 95% CI 2.35, 7.61; RR 1.14, 95% CI 1.04, 1.25).
- EUS-CDSL demonstrated shorter procedural time with mean difference of -10.50 minutes (95% CI -15.28, -5.73) compared to ERCP.
- No significant differences were observed in 30-day adverse events, clinical success, or stent dysfunction between the two approaches.
- The authors conclude EUS-CDSL may be considered a first-line alternative to ERCP in advanced malignant distal biliary obstruction; relevant for interventional endoscopists managing biliary obstruction.

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