

COMPARING ENDOSCOPIC MANAGEMENT OF POST SURGICAL FISTULAS OF THE UPPER DIGESTIVE TRACT ON DIVERSE SURGERY TYPES– MULTICENTRIC RETROSPECTIVE EVALUATION

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Poster

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A multicentre retrospective study of 126 patients found that primarily endoscopic management of post-surgical upper digestive tract fistulas achieved significantly higher closure rates after non-oncologic surgery (90%) compared to oncologic surgery (74%).

KEY POINTS

- Clinical success with fistula closure was achieved in 90% of patients after non-oncologic surgery versus 74% after oncologic surgery ($p=0.023$), despite similar endoscopic interventions, duration of management, and number of procedures in both groups.
- The study included 80 non-oncologic patients (mostly bariatric, $n=73$) and 46 oncologic patients, with oncologic patients being older (median 71 vs 45 years) and predominantly male (74% vs 24% female).
- Fever, abdominal pain, and abdominal collections were more frequent presenting features in the non-oncologic surgery group, while haemoglobin was significantly lower in oncologic patients.
- Early and late adverse events occurred at similar rates in both groups (17-18% early, 22-26% late), with covered metallic stents and clips being the primary endoscopic interventions.
- Mortality during follow-up was substantially higher in the oncologic group (60.9% vs 7.5%), with 48% of oncologic deaths attributed to disease progression rather than fistula-related complications.

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